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ORIGINAL ARTICLES.

SCARLET FEVER OF THE FŒTUS IN UTERO, AND OF THE MOTHER AT THE NINTH MONTH OF PREGNANCY.[1]

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OF NEW YORK.

SCARLET FEVER of the fœtus in utero so seldom occurs that many physicians of extensive experience, and several writers on the diseases of children, doubt the possibility of its occurrence in the unborn child, and intimate that the reported cases are those in which probably a mistaken diagnosis has caused the physician to call the usual redness of the entire skin of the newly born child, a disease which we recognize as caused by a special poison which alone can produce scarlet fever. Having had the sad experience to witness the occurrence of this malignant malady in a young family, a week after the arrival and unpacking of woollen garments belonging to a visiting relative at the time suffering from severe tonsillitis, and who had just left a house in another city, where a recent death followed throat disease and scarlet fever, induced me to warn the profession of the danger, and give a brief review of the literature of this disputed subject.

The New York family comprised the father, aged twenty-five years, the mother, aged twenty-four years, an only child, a son, aged four years, and the monthly nurse, aged fifty years, all of whom were in excellent health before the arrival of a visiting relative who had just left a house where scarlet fever was present, and who, at the time, was suffering from a form of laryngitis we so often see present in those who have been where scarlet fever existed, but yet escape the usual course of the disease.

Of this family the father was the only one known to have had scarlet fever, and subsequently proved the only one to escape, while all the other members of the family passed through the different stages of the disease, the scarlet fever being communicated to the unborn child, who at birth was unmistakably in the midst of the eruptive period simultaneously with its mother, and as the attending physician, for several weeks prior, had not seen the disease, nor had any other member of the family known of it for years in that part of the country where they had resided, it may logically be inferred that the specific *materies morbi* was thus conveyed by this visiting relative, proving fatal to the mother on the third day of the eruption, fifty-six hours after delivery, and nearly so to the fœtus in utero; was very severe in their son; and, subsequently, nearly fatal to the attending aged female nurse.

[1] Read before the New York County Medical Association, April 21, 1884.

The importance of calling attention to the danger of scarlet fever to the parturient woman, received a new impulse when I read in the *Journal of the American Medical Association*, this afternoon, dated April 19, 1884, an article on "Scarlatina as a Cause of Puerperal Septicæmia," copied from another medical journal, and therefore spread broadcast before the profession of the country, where instances are related where a woman was confined in the same bed with a patient having scarlet fever, without the occurrence of any ill effects; also, where a medical man left a case of scarlet fever to attend two cases of midwifery; and another, who, "with hands freely peeling from scarlatina," attended three cases of confinement, and that not one of these cases had anything the matter subsequent to confinement.

The differences between septicæmia and scarlet fever are as distinct as those between measles and smallpox; and the instance to be related this evening, where the mother, infant, and nurse, all contracted scarlet fever, is unlike anything occurring where the originating cause is septicæmia.

The accumulated evidence of a number of European and American observers and writers on scarlet fever, strongly demonstrates its occurrence in the child at birth. Under the name of scarlet fever, however, we do not place those severe forms of septicæmia which produce an eruption of a scarlet character, and are followed by so many of the sequelæ seen after scarlet fever, but include those cases only in which the cause is due to the recognized special influence capable of reproducing a disease of like manifestation, and continuing in successive generations to reproduce a similar morbid condition. Physicians of very large experience have stated that they have never met with a single instance, and refer to articles in print as arguments in their favor, but we who have been brought face to face with epidemic scarlet fever during childbirth, have to respond that experience has taught us the lesson that it does occur, and as it is so very fatal to the young mothers, it is our duty to warn all practitioners of the extreme danger of exposing a pregnant woman to any of the eruptive diseases.

At a meeting of the Obstetrical Society of Philadelphia, held April 3, 1884, Professor Parvin stated that children have been born with measles, but he had not known of such an experience with scarlet fever.[1]

The earliest ages at which Meigs and Pepper[2] have seen scarlet fever well marked was once at twenty-one days, once at five months, and twice at six months, while of the 148,829 cases collected by Murchison from the death returns of Great Britain, 9999, or about seven per cent., were under one year.

[1] Report of Proceedings by Dr. W. H. H. Githens, Am. Med. Asso. Journal, April 12, 1884.

[2] Meigs and Pepper, p 666, 1870.

Vogel[1] states that very young children are but rarely subject to the fever, and only become affected by it in severe epidemics. In New York City[2] during the past year, 1883, out of a total of 744 deaths from scarlet fever, 67 were under one year old.

CASE I.—Jan. 9, 1875, an otherwise healthy boy was born near the end of the ninth month of intra-uterine life, at about the middle of the eruptive stage of scarlet fever; the entire cutaneous surface was of the dark purplish-red color of the congestive capillary stage of the disease, the mucous membrane of the mouth and fauces was intensely hyperæmic, the characteristic raspberry appearance of the tongue (enlarged papillæ) existed to an unusual degree, and the increased febrile movement and rapid heart-action indicated that life was in danger from the effects of acute blood poisoning. The child at birth weighed nine and a half pounds, avoirdupois, was well developed, but made no effort to inspire. Immediately after birth it was laid on its side, was alternately sprinkled with hot and cold water, then rubbed along the spine; failing thus to induce breathing, and in order to relieve cerebral and hepatic congestion, which was very apparent, about an ounce of blood was allowed to escape from the umbilicus with the immediate noticeable effect of relieving the cerebral and hepatic stasis. The mouth and air-passages of the child were so filled with tenacious mucus that it was impossible to breathe. The nose and buccal cavity were quickly cleansed by a wet towel over the finger, and the accumulation beyond the reach of the finger I drew up by placing a porous towel over the child's face and completely encircling the infant's nose and mouth by my lips, then taking a gentle inspiration, followed by an expiration, which, from the first, was seen to force air into the lungs of the child. This, with pressure on the abdomen and lower part of thorax, together with flagellations to the nates, friction to the spine, was continued for fifteen minutes before the child was sufficiently strong to perform independently the necessary respiratory function.

It was then wrapped in warm flannel, laid on its right side, and at the end of an hour had become sufficiently strong to receive only a superficial bath.

The congestion of the fauces was so great that for the first three days of its life it could only swallow a few drops of liquid at a time. The eruption continued over the entire surface of the body for seven days, the skin at times assuming a dark-purplish color, which would disappear on pressure, leaving a white line for a few moments on the skin, after a finger had been gently drawn over it. At the end of the first week the throat symptoms improved, and the infant was able to swallow teaspoonfuls of liquid food. No diphtheritic exudation followed, and the muscles of deglutition subsequently showed no signs of paralysis.

The period of desquamation commenced about the tenth day after birth, when the cutis of hands, feet, back, and chest exfoliated in many places in pieces of from one to two inches square, and continued to be thrown off for the next week; during this time desquamative nephritis occurred, the urine[1] containing at times as much as one-tenth albumen; general anasarca followed about the fourteenth day and continued for nearly a week. After the subsidence of the œdema, convalescence commenced and continued until the end of the fourth week, when the child was apparently well, and could eat and digest its artificial food as other robust children of the same age. The recovery was complete.

Dr. W. T. Taylor[2] reports a case of scarlet fever in a mother two days after labor, proving fatal in two days. The child lived.

Prof. Louis Thomas[3] mentions two instances where Murchison observed the birth of healthy children by women who at the time were suffering from scarlatina, and that Elsässer also reports that a primipara, twenty-six years old, and already affected with the eruption, bore a healthy boy, concerning whose fate nothing is said, so that he probably recovered, while the mother died four days after.

Prof. J. Lewis Smith[4] states that although cases have been reported of scarlet fever occurring in the fœtus and manifesting itself by the usual signs at birth, yet a clear diagnosis in such instances is necessarily difficult on account of the character of the scarlatinous eruption on the one hand, and the nature of the cutaneous circulation on the other, and concludes that probably in the cases there were errors of diagnosis.

Dr. William C. Roberts[5] in an article on the diseases of the fœtus in utero, in the year 1839, states that scarlatina has never, he believes, been known to affect the fœtus in utero.

"According to Noirot,[6] Baillou, as early as 1574, established the occurrence of such cases; and Ferraris has also published an undoubted case. Tourtual reports the case of a woman, thirty years old, who had never had scarlatina, and who, after nursing her husband and son—both of whom were sick with the disease—during the eighth month of her pregnancy, up to shortly before her delivery, was delivered of a boy on the 19th of September, 1823; the child could not swallow, and had an uncommon redness of the skin, which Tourtual did not hesitate to consider as a characteristic eruption of scarlatina, the more so as also the tongue and mucous membrane of the mouth were of a glistening red color. The difficulty of deglutition lasted to the fifth day when the child drank eagerly, and on the ninth day abundant desquamation commenced just as in older children; later, also, a separation of the nails of the fingers and toes took place; the child recovered completely. During an epidemic of scarlatina a son was born to Gregory on April 23, 1839; the child was clearly suffering from some form of fever, and on the following day had a decided angina maligna without an exanthem, as a result of which the child emaciated and died on May 1. Stiebel tells us that a woman, twenty-five years old,

[1] Vogel on the Diseases of Children, Dorpat, Russia; translated and edited by H. Raphad, M.D., p. 481.

[2] Letter from Dr. Nagle to Dr. Leale, April 16, 1884.

[1] An easy method to secure the urine from a very young infant is to have a vessel ready while giving the usual bath, watch for the opportunity which so frequently then occurs, and while holding up the child allow the urine to flow directly into the receptacle.

[2] Journal Am. Med. Assoc., April 12, 1884.

[3] Cyclopædia of the Practice of Medicine, Dr. H. Von Ziemssen, vol. ii. p. 182.

[4] Treatise on the Diseases of Infancy and Childhood, Second Edition, p. 186.

[5] American Journal of the Medical Sciences, vol. xxvi., 1839, p. 371.

[6] Ziemssen's Cyclopædia of Medicine, vol. ii. pp. 181, 182. Prof. Thomas on Scarlatina.

manifested a very abundant eruption of scarlatina toward the end of her pregnancy; after birth, the child could not swallow for several days, the skin was of a scarlet-red color, and desquamated in larger scales than usual."

According to Hüter, a woman, who four days after delivery died of metro-phlebitis during an epidemic of puerperal fever, gave birth to a child "præclare scarlatina in stadio florescentiæ affectus."

Meynet[1] tells of a woman who, three weeks after the convalescence of her husband and three months after the death of her child from scarlatina, was delivered of a girl, who was somewhat red when born; the redness became more intense on the following day, and the skin felt very hot. These symptoms diminished after a few days, but again became more intense on the thirteenth day; on the fifteenth day Meynet noticed the well-developed redness of scarlatina on the whole body, tongue, and palate; the tonsils were swollen, and there were fever and apparent difficulty of deglutition. On the seventeenth day the redness had almost entirely disappeared, and the general condition was good; but as during the subsequent fortnight desquamation did not appear, Professor Thomas thought the case somewhat doubtful, as also the case of Asmus in which desquamation followed a case of supposed scarlatina of the fœtus, yet he argues that here, although the desquamation was very extensive, it frequently appears in healthy new-born children, in whom there is no suspicion of scarlatina. Asmus's case is as follows: A mother had lost two children towards the end of her pregnancy from scarlatina, and soon after her confinement became dropsical. In her new-born child, who was very much emaciated, the epidermis over the whole body separated in large sheets—from the hands it came off like gloves; the child afterwards recovered completely. Noirot states that Potier observed that a woman "took scarlatina on the morning of the day of her confinement, and died a fortnight after, and that her child, though immediately isolated after birth, nevertheless became affected with intense scarlatina, but recovered completely."

Prof. A. Trousseau[2] informs us that in 1828 he, with Drs. Ramon and Leblanc, were sent by the Minister of the Interior to study the epidemics and epizootiæ prevalent in old Sologne, that part of France which lies between the rivers Cher and Loire, extending from Blois to Gien, and saw occurring simultaneously with severe cases of scarlatina numerous cases of membranous sore throat, and that scarlatina was particularly severe at Cour-Cheverney, a commune situated four miles south of Blois, and it had proved so specially fatal to puerperal women, that even the very poorest were leaving the place and going to Blois to be confined. The district physician informed the Committee that he had lost nine cases. Prof. Trousseau further remarks that puerperal epidemics are very rare in country places, and, generally speaking, pregnant women are proof against epidemic influences, but in thirty-six cases the scarlatinous eruption showed itself in forty-eight hours after delivery, and in a few days the patients died.

Prof. Ernst Wagner,[1] of Leipsig, tells us that during pregnancy everything that is transportable in the mother's blood may be carried to the fœtus, and that in this way the mother's anæmic state may harm the child. Syphilis and smallpox, seldom scarlet fever, measles, dysentery, typhoid fever, intermittent fever, and even tuberculosis and cancer may be communicated to the fœtus. Wagner even goes further when he states that the fœtus may experience several affections, smallpox, for example, without the mother's participation.

The remarkable increase of deaths from scarlet fever cannot be more forcibly illustrated than by reviewing the annexed statistics of the New York Health Department,[2] where we find that for the twenty-five years before 1829, the total number of deaths from scarlet fever in New York was only one hundred and eleven, while we find in the three months of 1829 (viz., October, November, and December) a sudden increase to one hundred and twenty-four, or thirteen more deaths from scarlet fever occurred during these three months than for the entire preceding twenty-five years, an increase which, City Inspector John Coffin states, caused such alarm among the people, that in consequence the medical profession were earlier and more frequently called to treat a disease in which they were "providentially successful," showing that a very large proportion of those attacked recovered.

Hillier states that during the eighteen years from 1848 to 1866, the deaths from scarlatina in London amounted to 52,461, and Meigs[3] and Pepper inform us that for a series of years (1809 to 1868 inclusive) there were 13,016 deaths returned from scarlet fever in Philadelphia.

During the last eighty years, 37,271 deaths from scarlet fever were recorded in New York City, and the slowness of its increase is worthy of notice in studying its epidemic character, for, commencing in 1804, we have 14; never to exceed 5 for twenty years; while only 3 deaths occurred in the year 1824. The remarkable increase in 1829 to 188, and in 1882 to 2066 deaths from scarlet fever, is suggestive of other causes than those due simply to epidemic influences.

During the past twelve years, although we have passed through several severe epidemics of scarlet fever, I have seen only one case in which the disease developed itself in the fœtus in utero (the one mentioned, and which recovered). Yet I have seen three cases of undoubted puerperal scarlatina: two in my own private practice, one as before mentioned having died, while the other recovered after having the most profound symptoms of a severe attack, followed by desquamation of the skin and nails, a complete loss of hair, and a long, tedious convalescence covering several months, but followed by a complete recovery. The third case of scarlet fever at childbirth was in a patient of the late Dr. Peaslee, residing in West 56th Street, whom I was requested to see while she was in

[1] Ziemssen's Cyclopædia of the Practice of Medicine, A. H. Buck, M.D., American Edition, vol. ii. p. 181.

[2] Trousseau, Clinical Med., vol. ii. p. 202, translated by Dr. J. R. Cormack, edition of 1868.

[1] General Pathology, translated from sixth German edition by Drs. Van Duyn and Seguin, 1876. p. 42.

[2] Records of Health Department of New York.

[3] Profs. Meigs and Pepper, Diseases of Children, p. 666, 1870.

convulsions. She was covered with the eruption, and Dr. Peaslee told me that he considered it an unmistakable case. This patient died on the third day after delivery. Her child died about two minutes after birth; it was remarkably well developed and large, but could not be made to breathe on account of accumulations of mucus in the fauces.

I have in vain endeavored to learn the number of deaths in New York City from scarlet fever during pregnancy and during the puerperal state, also those occurring at birth; but find that out of the total of 744 deaths from scarlet fever in 1883, 67 were children under one year, and 19 in females during the years she is capable of bearing children. The annexed table with a letter from Dr. Nagle of the New York Health Department, was received in answer to my inquiry.

I regret to inform you that I am not able to give you the information you desire. I do not think that physicians are in the habit of adding the word "pregnancy" as a complicating cause of scarlet fever. I take pleasure, however, in sending you a list of the deaths from scarlatina in females between the ages of fifteen and forty-five years, and also the deaths of children under one year old from scarlatina.

Deaths from scarlatina in New York City during the year ending December 31, 1883:

Total deaths from scarlatina, all ages, . . .	744
Total deaths of females between 15 and 20 years old,	6
" " " " 20 " 25 "	4
" " " " 25 " 30 "	6
" " " " 30 " 35 "	2
" " " " 35 " 40 "	1
Total, ...	19
Deaths of children under 1 year old from scarlatina,	67

CASE II. *Scarlet fever at the end of the ninth month of pregnancy.*—I carefully examined this lady, aged twenty-four years, when she called at my office, at the end of the eighth month of pregnancy, and found her in perfect health. She stated that she had always been remarkably well, not even having had during her younger life any of the diseases of childhood. She attributed her freedom from disease to the sanitary precautions of her parents, and to the healthful surroundings of her country home in central New York. Her married life had also been exempt from the frequent ills usually incident to pregnancy, and the birth of her first child, which took place at her country home, had not in any manner impaired her health. Her boy, aged four years, also presented all the evidences of perfect health; in fact, when I looked at the father, mother, and son, all in the condition of such vigor, I remarked that surely, with his bright prospects in business, he also had in other respects an excellent commencement in life. But he had removed from a residence in the country, where he always had had an advantage of fresh air, and good, wholesome food, and came to New York City to live in a French flat, where all the sleeping rooms were dark and badly ventilated, the rooms were furnished extravagantly, and the little sunshine was prevented from entering the front of the house by the heavy curtains covering the windows. The rent greatly exceeded that of a pleasant house in the suburbs, but to be near the place of business was the first consideration. The sacrifice to ambition was too great, as subsequent events proved. I heard nothing unfavorable until January 9th, when I was informed that their son, aged four years, was dangerously sick with scarlet fever, and on immediately visiting him, found that his mother also had the eruption commencing to appear on the chest and abdomen, while the mucous membrane of the posterior fauces was intensely hyperæmic. In a few hours her entire body was covered with the eruption of malignant scarlet fever, and the fœtus, from its violent motions, appeared to be in convulsions, thereby causing the anxiety of the mother to be increased to an alarming degree, until she became delirious, when I saw the absolute necessity of quickly delivering her to save either the mother or the child. Gradual digital dilatation of the closed os uteri soon produced the desired effect, and in four hours I applied the forceps, causing an easy delivery of a large boy; the placenta was removed without difficulty, and the moderate amount of post-partum hemorrhage relieved the cerebral congestion to such an extent that the mother was restored to consciousness; the uterus contracted firmly, and careful examination showed that no injury had been done by the induced labor. Improvement continued for the twenty-four hours after delivery, when the temperature again increased, and her skin became of a dark-purple color.

Jan. 10th.—10 A.M. Pulse 160; temp. 105¼° Fah.; resp. 44, very much oppressed; delirious.

10½ P.M. Pulse 142; temp. 105¼°; resp. 48. Skin and mucous membrane dry and purple, kidneys acting well, great prostration from feeble heart-action, and increased delirium.

11th.—10 A.M. Pulse 144; temp. 106½°; resp. 48. Skin of a dark-copper color, excretion of urine abundant, lochial discharge sufficient, delirium increased; the heart's action grew more feeble until exhaustion caused death at 8 P.M., fifty-six hours after delivery. After death the body became black in patches from the extravasation of blood from the ruptured, congested capillaries, her face began to swell, and in a few hours she was beyond recognition, and decomposition rapidly advanced.

The aged monthly nurse was now stricken with the disease. She and the boy recovered, and the house was thoroughly disinfected by the New York Health Department, and no subsequent case occurred there.

Scarlet fever is not nearly so fatal when it occurs more than a week after labor, as when it appears before or simultaneous with child-birth. During the past twenty years' practice, I have observed one such occurrence, when the eruption appeared on the eighth day after labor; in this instance the mother recovered. The infant was not affected by the disease.

Conclusions.—Scarlet fever may attack the fœtus in utero.

The large proportion of children born with scarlet fever recover.

Scarlet fever of the newly born child has like manifestations as when it occurs later in life.

Scarlet fever may attack the woman during pregnancy and also immediately after childbirth.

Scarlet fever is exceedingly fatal to the woman during pregnancy and during parturition.

Scarlet fever rarely, if ever, affects the parturient woman if she has had a previous attack.

Scarlet fever causes death in the parturient woman by coma, exhaustion, or by convulsions.

Scarlet fever being a self-limited disease, is best treated by relieving dangerous symptoms, and in accordance with the rules of hygiene.

Scarlet fever only exceptionally occurs during the ages that women bear children; therefore, the proportion of those liable to contract the disease during pregnancy and childbirth, must necessarily be small.

Scarlet fever and septicæmia are distinct diseases, being unlike in many respects.

REPORT OF A CASE OF ŒSOPHAGOTOMY FOR THE EXTRACTION OF A SILVER FIFTY-CENT PIECE, FOLLOWED BY RECOVERY.[1]

BY FLEMING HOWELL, M.D.,
OF CLARKSBURG, W. VA.

ON March 22d, I was called to Bridgeport, to see Myrtle K., aged eleven, who in playfully attempting to hide a silver fifty-cent piece from her little sister, had thrown it into her mouth; where it had gone beyond her reach and became lodged in the throat.

I found her comparatively comfortable, suffering no pain, except in the acts of swallowing, which came on involuntarily every few minutes. I learned that for several minutes after the accident occurred, there had been great difficulty of breathing, stridulous voice, etc., this, however, at my arrival had entirely passed off. Soon after the accident free emesis occurred, and she vomited apparently as much as she had eaten at the previous meal. I could detect nothing with the finger introduced into the pharynx, though I was able to explore this organ pretty thoroughly beyond the opening of the glottis. With the sound, however, I readily touched the coin, and ascertained that it was over eight inches from the opening of the mouth. With the finger applied externally and pressed down deeply at the side of the trachea, I could sometimes indistinctly feel the foreign substance. By these conjoined manipulations I located the body in the upper part of the œsophagus somewhat below the cricoid cartilage.

As free emesis when the stomach contained considerable solid substance, and before the coin had become so firmly impacted, had failed to dislodge it, I decided it would be useless to resort to this means; but during my manipulations violent retching came on, which I took opportunity to aid by inverting the body, but without any result. I next used the œsophagus forceps, but the coin was beyond the point for the satisfactory manipulation of this instrument. With a blunt hook improvised from a uterine sound, I two or three times got a hold and once very firmly when I used force, gradually increased until I feared I would injure the parts, and hesitated, when the instrument slipped off and I was not able to secure the same good hold again, though the little girl seconded all my efforts with remarkable self-control and determination. Having now exhausted all the resources at hand, and having been forced to the conclusion that an operation would most likely be necessary, I sent for Dr. D. P. Morgan, of Clarksburg, in consultation.

Dr. Morgan arrived about 11 o'clock, P.M. The patient had now had about three hours of quiet rest, suffering no pain except as the involuntary acts of swallowing came on. We at once repeated the efforts at extraction by means of the forceps and hook, and again produced vomiting and retching by our manipulations, but all, as before, to no purpose, and we now together decided that the operation of opening the œsophagus was our only recourse.

The operation of pushing the coin into the stomach was discussed, but our experience had demonstrated to our own minds the impossibility, from its being so firmly impacted, of moving it safely in any direction; and we decided not to incur the risk of putting it beyond the point where it could be readily reached by œsophagotomy. After consulting with the family physician, Dr. J. M. Tate, who concurred with us in our opinion, we were the next morning prepared to do the operation, if matters, in our opinion, still justified such action. We found that our patient had passed rather a comfortable night, sleeping most of the time; but, upon examination, we found the coin still in the same position. We made another effort at extraction, but only to fail again, from spasm of the tube above the foreign substance. I then proceeded to operate in the following manner. I first made an incision through the skin, beginning opposite the upper border of the thyroid cartilage, midway between it and the sterno-cleido-mastoid muscle, and extending downward three inches, or to a point at the anterior margin of the sterno-cleido-mastoid muscle, about two finger-breadths above the upper end of the sternum. By working carefully with the grooved director and knife, the carotid sheath was exposed, which was then drawn outward with a retractor, while the larynx and trachea, along with the omo-hyoid, sterno-hyoid, and sterno-thyroid muscles, and the thyroid gland were drawn inwards. From this point, the coin could be plainly felt, and acted as a guide while dividing the successive layers of fascia, connective tissue, etc., which finally brought us to the œsophagus. During this part of the operation, the utmost care was taken not to injure any of the many important vessels and nerves which lay so near our course, especially the inferior thyroid artery and recurrent laryngeal nerve. The tissues were raised upon the director, and examined carefully before being divided, and we had the satisfaction of reaching the tube without interfering with but a single minute artery; this lay directly across our course, when nearly to the œsophagus, and was divided, after having been secured with a ligature on either side of the wound. The tube having been reached, I made a limited incision upon the foreign substance, introduced a pair of polypus forceps, seized the coin, and then enlarged the incision sufficiently to admit of its extraction. We found the coin, an ordinary fifty-cent piece, with milled edges, lying transversely

[1] Read before the West Virginia State Medical Society, May 22, 1884.

in the œsophagus, its upper edge being about three-quarters of an inch below the lower edge of the cricoid cartilage, and its lower edge somewhat below the upper end of the sternum.

The wound was carefully closed with five very fine interrupted sutures of silk. The ends were cut off close, with the view that the sutures might ultimately readily drop into the interior of the passage.

The external wound was left open nearly an hour, until all oozing of blood had ceased, and the cut surfaces had become nicely glazed over with plasma (a point that my preceptor, the late lamented Dr. H. W. Brock, always insisted on as being of especial importance when union by first intention was desired). After this, the wound was closed in the usual manner, the two ligatures heretofore mentioned being drawn out through the wound, and left in that position to insure a discharge outward in case of any pus-formation.

The after-treatment of the wound was managed upon general principles. For the first few days, we nourished our patient exclusively by rectal injections of beef essence, with beef peptonoids, and almost exclusively so for two weeks. These would relieve hunger in a short time. By the third day, however, thirst became troublesome, and we allowed ice-water to be used, a teaspoonful every hour or so, and by the next day, we allowed, in place of this, a part of the time, iced milk; these were swallowed readily, and without the least pain at any time.

From the third to the fifth day there was a little fever, the temperature rising to 101°, and the pulse to about 100; but beyond this there was not a single unfavorable symptom. The wound healed almost entirely by first intention, there being only a little discharge around the ligatures, which were left to come away almost of themselves, and which they did about the fourteenth day. By the nineteenth day, the wound had entirely healed, and the patient was walking about the town.

MEDICAL PROGRESS.

MALFORMATIONS IN THE FEMALE SEXUAL ORGANS RESULTING FROM ARREST OF DEVELOPMENT.—DR. B. B. BROWNE, of Baltimore, in an interesting paper on this subject, read at the late meeting of the American Medical Association, summarized his conclusions as follows:

1. Nearly all the malformations of the female sexual organs previous to puberty result from arrest of development.

2. As the upper and lower portions of Müller's ducts develop independently of each other, we may find the ovaries developed without the uterus and *vice versâ*.

3. Perfect development of the external genital organs and the mammary glands does not preclude defective development of the vagina, uterus, or ovaries.

4. Entire absence of the uterus or ovaries can only be determined by laparotomy, or by post-mortem examination.

5. A patulous urethra with atresia of the vagina results from arrest of development, and does not indicate that the urethra has been dilated by sexual intercourse through this organ. The patulous condition of the urethra may be the *cause*, but is not the *result* of penetration.

In *congenital* atresia of the vagina, with arrest of development in the uterus, a patulous urethra is the rule; in *acquired* atresia of the vagina the urethra is never patulous, and sexual intercourse never takes place through the urethra.

CURE OF PARALYSIS DUE TO CEREBRAL HEMORRHAGE.—Authorities differ greatly as to the time after an apoplectic attack followed by paralysis, before commencing treatment by electricity. The general opinion is in favor of allowing some time to pass, so as to permit the absorption of the clot and the subsidence of the inflammatory reaction. PROF. DE RENZI (*Rivista Clinica e Terapeutica*, January, 1884), on the other hand, thinks that electricity may be employed, if proper precautions are taken, with the greatest success a short time after the attack, that is, in the first week. To the treatment by electricity he invariably adds other means to prevent the return of the hemorrhage and the development of inflammatory reaction. These consist in the internal use of bromide of potassium, the constant application of cold to the head, and the administration of some drastic purgative whenever there is constipation. The application of electricity exerts an immediate effect on the muscles, which, in the majority of cases, at once regain their contractile power under the influence of the will. S. P. was admitted suffering from cerebral hemorrhage; on the fourth day of the attack, there was complete paralysis of the left leg. Electricity was applied to the muscles of the thigh, and immediately afterwards the patient was able to bend the limb and to raise the knee for some distance from the level of the bed. On the next day, the patient was unable to extend the limb after bending it; electricity was again applied; he then flexed and extended the leg several times without difficulty. On the sixth day paralysis of the toes only remained, and this also yielded to electricity. The application of electricity ought to be practised directly upon the rapid and spontaneous disappearance of the paralytic phenomena, which is usually noticed in the first days after an attack of apoplexy, is arrested. The intensity of the current should be very little, and such that it can hardly be perceived by the observer, touching the rheophores with his fingers wetted in salt water. The interruption of the current must be considerable, the greatest that can be obtained with the automatic interrupting apparatus of the electrical machine. The electrical excitement must be limited to the muscles and intramuscular nerves, therefore the two rheophores must be applied successively for a few seconds to the fleshy parts of the various muscles. The duration of each application is from one to several minutes. The instantaneous action of electricity in paralysis from cerebral hemorrhage is easily explained, by admitting that these paralyses are often neurolytic or suspensive, and that they do not depend on destruction of nerve-elements. The electricity induces in the nerves a negative variation, which extends to the two extremities of the nerve-fibre; so that it overcomes the state of neurolysis determined at the central extremity of the same fibres by the extravasation of blood.—*London Medical Record*, March, 1884.

THE MEDICAL NEWS.

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SATURDAY, MAY 31, 1884.

PNEUMOCELE.

HERNIA of the lung is an infrequent lesion. Its spontaneous occurrence must be placed among the rarest accidents that befall the thoracic viscera. Desfosses, up to 1875, was able to collect only twenty cases, of which seven were spontaneous, the remainder being due to traumatism, such as wounds, fractures, etc. A portion of the lung projects into the neck, or passes towards the surface of the body through some part of the chest-wall, or through the diaphragm into the abdominal cavity. The recognition of the last form during life is impracticable. The pneumocele in other positions may be made out clinically as a soft, reducible, localized swelling, resonant on percussion, and rendered more prominent by coughing. Its usual site is in an intercostal space near the sternum. A case occurring recently in the service of Dr. Malherbe, in the Hôtel Dieu, at Nantes, and published by VIGNARD (*Gazette Medicale de Nantes*, April 9, 1884), is of interest as illustrating the clinical traits of hernia of the lung, and its occurrence in an extraordinary and hitherto unrecorded position.

A stonemason, fifty-two years of age, small in stature, and poorly nourished, entered the hospital February 23, 1884, seeking relief from a bronchitis contracted the previous November. Upon examination, the bronchitis was found to be complicated with a high degree of emphysema, chiefly affecting the right lung. Ten days after admission, he made a false step in descending a stairway, and, immediately following a violent effort to recover himself, he experienced an intense burning and tearing pain in the chest, just above the pit of the stomach. Two days afterwards, the pain still continuing, a slight swelling was observed upon the anterior wall of the chest, in the median line, and toward the extremity of the sternum. This swelling had the form of the segment of a sphere, was about as large as a silver dollar, and elevated "some millimetres" above the level of the neighboring surface. The skin was not discolored. The ordinary movements of respiration had no perceptible influence upon the volume of the tumor; but upon forced breathing, it protruded about half an inch, only to subside promptly when the effort ceased; while efforts of coughing caused a sudden and yet more decided protrusion. This tumor was soft, elastic, non-fluctuating, and yielded a sense of crepitation to the finger. Under moderate pressure it disappeared, giving place to a faint depression, but returned in the course of a few moments, especially if the patient coughed, when there was to be felt a distinct movement of impulsion. When the tension was reduced, there was felt through the integument in the median line and four-tenths of an inch above the point of the xiphoid cartilage, a round orifice, with bony margins, dull below, sharp-cut above, and about one inch and one-fifth in diameter. This seemed to be an exaggeration of the orifice occasionally found in the xiphoid appendix. Percussion over this tumor yielded pulmonary resonance, bounded on the right and below by the dulness of the liver, above by that of the heart, on the left by the clear tympany of the stomach; upwards and towards the right the resonance was continuous with that of the right lung. Auscultation furnished no satisfactory signs. The tumor was the seat of continuous dull pain, aggravated by pressure, by cough, and by effort.

The diagnosis of hernia of the lung was based upon the foregoing characters; of hernia of the *right* lung upon the following data: 1. Propagation of the pulmonary resonance from the tumor in a direction upwards and towards the right; 2. The pain, having its seat in the tumor, radiated towards the right lung; 3. Although the borders of neither lung extend, under normal conditions, to the xiphoid appendix, that of the left lung is much more distant from it than that of the right, which, being in this case emphysematous, had displaced the mediastinal pleura until it reached and pressed against the orifice existing in the xiphoid appendix. The fibrous structure guarding this orifice, yielding gradually to the strain of the lung-pressure, augmented by heavy labor, and more recently by repeated paroxysms of cough, had suddenly given way under an effort more violent than common, and had permitted the border of the lung to find its way through the orifice out under the skin.

Vignard calls attention to the coexistence in the patient of a voluminous, reducible, right inguinal

hernia, as indicating, perhaps, some want of the normal resistance of the fibrous tissues.

THE DANGER OF CANNED GOODS.

THE bill introduced in the New York Legislature, requiring all goods sold in the State to have the date of packing stamped on the can, implies a danger of impairment in the purity of goods packed for an undue length of time, in regard to which the public should be properly cautioned and protected. The requirement appears to be reasonable, apart from its bearing upon the question of health. The proposition has excited considerable comment and opposition upon the assumption that its adoption will be injurious to a large mercantile interest. How this can be is not clearly apparent. It has been suggested that before legislating upon the question, it would be wiser to have the whole subject of the alleged dangers to health from the use of canned goods thoroughly and impartially investigated, so as to furnish results upon which to base intelligent action.

There is already a suspicion in the public mind, that canned goods are not free from danger, and reports in the newspapers of cases of sickness supposed to have been due to this cause have tended to confirm it. Some more tangible evidence, however, is required, before the passage of laws which might destroy the sale of cheap foods and injure a prosperous industry.

Tin has frequently been found in canned articles of food, as attested by the investigations of Menke, Hehner, and Blyth. Recently, Drs. Ungar and Bodländer of Germany, have examined a number of cans of vegetables and fruits, and in every instance found tin in the solid portion of the contents in the form of an insoluble stannous compound. The percentage of the impurity—calculated as metallic tin—was very small, in no case exceeding 0.04 per cent.

At a meeting of the Pharmaceutical Society of London, held March 5, 1884, Professor Attfield read a paper on the subject of tin in canned foods, in which the results of a large number of examinations, including sixteen varieties of food, were detailed. In only a few instances were traces of the metal found, and the proportions were so exceedingly small as to be undeserving of serious notice. He remarks that it is just possible that in the early days of canning a little stannous, plumbous, or other chloride might have been found in canned food as the result of the use of "spirits of salt" in soldering, but such a fault has rarely been detected of late years. A harmful quantity of a soluble compound of tin would render the flavor of the food so disagreeably metallic as to prevent its use after being once tasted. In his opinion, given after a long experience and an examination of all the evidence at hand, "the public have not the faintest cause for alarm respecting the occurrence of tin, lead, or any other metal in canned foods."

It is not intended to convey the idea that canned food is never injurious to health; but when harm has been done, it is in all probability due to the food, and not to the can. When food is allowed to remain long in an opened tin, there is no doubt that it may take up portions of tin, iron, or other metal, but such an accident is the result of gross carelessness, and not of a fault in the process of canning.

The other side of the question is presented by Dr. Johnson in a paper read before the New York Medico-Legal Society in April last. He cites several cases of corrosive poisoning supposed to have been due to muriate of zinc and muriate of tin, derived from the use of the "muriate of zinc amalgam" in soldering cans. This method is said to have been extensively used. The State of Maryland has a law prohibiting the use of this flux, because it is considered a dangerous practice. We are informed from another source that this soldering flux, consisting of a solution of muriate of zinc, is still quite commonly used in canning factories in the place of rosin flux, which is more troublesome, but harmless. Though every care is said to be taken in its application, it is undeniable that the substance is poisonous, and therefore a risk of injury attends its use.

The French Commissioner of Hygiene admits a possible cause of lead-poisoning from food which has come in contact with solder or with surfaces covered with an alloy containing lead; and he suggests that makers of cans be prohibited from soldering on the inside of such cans, or to employ in their manufacture any but the best quality of tin. What is known to the trade as "seconds," or doubtful or "reprocessed" goods, are in the market, but are not dealt in knowingly by any reliable firms. The appearance and taste of such goods should cause them at once to be rejected by sensible people. With such articles, the attempt at preservation has been a failure, and their unwholesomeness is due to the admission of air and resulting decomposition.

There is scarcely any doubt as to the wholesomeness of food preserved in tin when due care is observed in the use of only a pure article of tin, and in the preparation and sealing of the cans. It is to the interest of those engaged in the business of canning, to see that these important particulars are scrupulously carried out, and we believe that most of the products placed upon the market will stand the test of a searching examination. It is also apparent from what has been said, that canned goods are exposed for sale which it is unsafe to use on account of the objectionable methods of preparation and quality of the food itself. The public are not always able to

discriminate; hence the want of confidence in the purity of these foods as a class.

In view of the conflicting opinions which prevail, and the importance of the subject, it would be a benefit, as well to the honest producer as to the consumer, to have a commission of inquiry appointed to investigate thoroughly and impartially the question in all its relations, so that, if necessary, proper legislation could be secured in behalf of the public welfare. The National Board of Health would have been the proper authoritative body for conducting such an inquiry. In lieu thereof, the work might be safely entrusted to one of the more active State boards of health.

TIME OFTEN AN ESSENTIAL ELEMENT IN THE DIAGNOSIS OF PREGNANCY.

IT was remarked by one of the old medical authorities that the physician's reputation is never in greater peril than in the diagnosis of pregnancy. We may add that probably more avoidable errors are committed in this diagnosis than in any other department of medicine. One great source of error is in hasty judgment—giving an immediate opinion when a few weeks' delay might reverse it, or secure its unequivocal confirmation; this disposition to decide at once in cases of possible pregnancy is sure to bring a man to grief, and possibly to disgrace, sooner or later. Very often in the reports of cases that are being tried, we read at the close, "Judgment reserved." In medical practice the physician ought to write down after his record of some of his cases, especially of some of those in which the diagnosis of pregnancy is to be made, the same words. Time is the great revealer of secret things; the asserted pregnancy which, like the weaving of Penelope's web, never ends, as well as the denied pregnancy, which, a few months after the denial, is proclaimed by an infant's first cry, often bears testimony to professional errors that disappoint if they do not disgrace. How much better it would be, unless the evidence be beyond all cavil or doubt, to wait a few weeks, or even months, until the proofs become conclusive, than to commit such errors.

Pajot urges, in his *Clinique d' Accouchements*, the importance of such delay, and relates a case which he had recently seen. A lady, in her first labor, had such injury that a vesico-vaginal fistula resulted. Subsequently she had two other confinements, when her husband died. She remarried, but never had coition without a sponge being in the vagina. This was constantly worn, partly as a support to the uterus, and partly to receive the discharge which escaped from the bladder. Uterine enlargement, and then, as she believed, fœtal movements, led her to consult Pajot, who, failing to hear the fœtal heart, or to discover in the cervix the usual changes of pregnancy, declined to give an opinion. Her menstruation continued, in spite of the enlargement, as she thought, from pregnancy. By Pajot she was referred to a distinguished Paris surgeon and accoucheur, who decided that she had an ovarian tumor, and desired to puncture it. The patient, frightened at this decision, wished to consult "*le prince des kystes de l'ovaire*," and Pajot took her to him. He, after a careful examination, neglecting, however, auscultation, decided she had a large uterine fibroid; the mortality was very great—70 per cent.—but he would operate in three months if the family desired it. Three weeks after this examination she gave birth to a child of between seven and a half and eight months, and, of course, the tumor was gone. With Pajot we may well say that in such cases time is the best of all means of diagnosis.

PRIORITY IN THE REDUCTION OF CHRONIC UTERINE INVERSION.

IT is somewhat remarkable that the late Dr. J. P. White, in his paper upon chronic inversion of the uterus, presented to the International Medical Congress held at Philadelphia in 1876, made no reference to the successful reductions prior to his own, and to that of Dr. Tyler Smith. That of the latter was in September, 1856, though not published until April, 1858; the inversion was of twelve years' standing. Dr. White's first case was in March, 1858, the inversion had existed for six months, and the report of the operation was published in THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES for July, 1858.

But Canney, in January, and Barrier, of Lyons, in March, 1852, each reduced a chronic inversion, in one case six, in the other fifteen months after the occurrence of the accident. Denucé, in his recent *Clinical Treatise upon Uterine Inversion*, Paris, 1883, refers to these two cases, and gives in full an earlier case, also in the practice of a French physician. The operator in this case, occurring in 1847, was Vitry; the inversion had lasted sixteen months, and the success was obtained by using ether until complete anæsthesia was produced, and then the reduction was effected by taxis, counter-pressure being made at the hypogastrium. Denucé remarks that the discovery of reductions of chronic inversions was delayed because the previous discovery of etherization was necessary. But it should be remembered that one of the successful modes of reduction, that which is due to Tyler Smith, by continuous elastic pressure, does not require an anæsthetic. Nevertheless, Denucé's remark is true as to reduction by taxis, for in it the use of an anæsthetic pushed to such a degree that all contraction of the uterus and of the abdominal muscles is abolished, is necessary for success.

SOCIETY PROCEEDINGS.

THE AMERICAN MEDICAL ASSOCIATION.

Thirty-fifth Annual Meeting, held at Washington, May 6, 7, 8, and 9, 1884.

(Specially reported for THE MEDICAL NEWS.)

SECTION ON OPHTHALMOLOGY, OTOLOGY, AND LARYNGOLOGY.

WEDNESDAY, MAY 7TH—SECOND DAY.

DR. J. F. FULTON, of Minn., read a paper on

THE INFLUENCE OF CLIMATE ON THE TREATMENT OF CATARRH OF THE MIDDLE EAR.

Referring to the fact that non-suppurative disease of the middle ear forms one-half, at least, of the cases that come to the aurist, and enlarging upon the suffering often entailed by it on the patient, resulting sometimes in suicide or insanity, he stated that after all other means had been exhausted, the influence of climate should be brought to bear. In some instances, after all else had failed, a change of climate had effected a complete cure.

Heroic treatment by strong solutions of caustic potash and soda had been discarded, but modern otologists had retained the principle of *stimulating* in a milder way this form of ear disease, and the effect of a cold, stimulating climate upon such cases was very beneficial, and might be compared to the effect of the same climate upon the early stages of phthisis, before suppuration had taken place. An analysis of 50 cases sent to St. Paul, Minn., with the same number treated in Pennsylvania, gave for the more northern locality 18 cures, 20 improved, and 12 unimproved, against 4 cures, 9 improved, and 37 unimproved in those treated in Pennsylvania. The dryness of the atmosphere was a great factor in the beneficial effect. The absolute humidity is very low, and the relative humidity is ten degrees lower than the average in any eastern State.

He gave the history of a case of a severe type, in which deafness was so great that the watch could only be heard by contact, and in which severe nasal catarrh was present. Six months in Pennsylvania under treatment gave no improvement, or only temporary results. A transfer to St. Paul was followed by relief of all the distressing symptoms, and greatly improved hearing. The best results were in cases originating in foreign countries, while those proved most obstinate which originated in this country.

In the discussion on this paper, DRS. SEILER, WILLIAMS, and others believed these results to be in accordance with facts as noticed by them.

DR. WILLIAMS said that he would be glad to send all his patients afflicted with "dry catarrh," as it was popularly called, to any climate holding out hopes of a cure.

DR. L. TURNBULL, of Phila., defended the Pennsylvania atmosphere from the charge that all parts of the State were inimical to the cure of this form of ear trouble.

DR. D. N. RANKIN, of Penna., read a paper on

EPISTAXIS.

The nature and history of this obstinate affection were described, particularly the hereditary form, now considered a form of hæmophilia. A rheumatic diathesis generally accompanies this form, but its pathology is still uncertain. Examination of the blood of patients has given negative results. A case was mentioned in which eighteen pounds of blood had been lost in thirty-six hours. He then related the history of several cases which had come under his treatment. After checking hemorrhage by plugging or the galvano-cautery, he used ergotin, iron, and quinine internally for several months to combat the constitutional tendency.

DR. BROWN, of Ohio, mentioned a family of twelve members all afflicted with the hereditary form of epistaxis, some of whom came under his care. Watery extract of witch-hazel, in teaspoonful doses, had produced good results.

DR. W. S. LITTLE, of Pa., read a paper entitled

A TEST-CARD OF WORDS MADE UP OF LETTERS CONFUSING TO THE ASTIGMATIC EYE; REMARKS ON ASTIGMATISM.

He desired, he said, to bring to the notice of the profession a test that will exhibit manifest defects more markedly, and bring out more latency than do many tests; the recognition of optical defects, especially those produced by astigmatism. The letters in Snellen's type, and in other letter-types, will exhibit the defect by the way the person tested expresses the name of the spherical and right-angled letters, *O* is called *C* or *G*; *F* is called *P*; *B* is called *S*; or *vice versâ*.

In simple myopia or hypermetropia the distortion does not occur, but obliteration of the letter of a given size at a given distance. This fact has been recognized. He has devised a test based on the distortion and confusion of letters, and after a prolonged trial finds it especially useful for the general practitioner.

The letters most frequently distorted have been selected from Snellen's type, and formed into a word; underneath this word has been placed the letters of the same word as they appear to the astigmatic eye; they say the letters in the word and in the line underneath the word are alike. To give an approximate mathematical expression to the degree of the defect, the size of the letters are graded from D. = 18 to D. = 6. Four letters in the word and four letters in the confusion-line below. The word *FOOL* has been selected, underneath it the same sized letters graded, are the letters *PCCI*, which are taken for the letters in the word *FOOL*.

Tested at six metres, the last letter in the worded line underneath being D. = 6, *F* is called *P*, each *O* is called *C*, *L* is called *I*; the whole word distorted at six metres, 1 D. or more of astigmatism exists. If the last three letters are distorted in *FOOL*, and called same as last three letters in line underneath, 0.75 D. of astigmatism exists; the last two letters so affected, 0.50 D. of astigmatism exists; the last letter, 0.25 D. of astigmatism. In simple myopia or hypermetropia of 1 D., the letters in each line are lost or obliterated, but no distortion, or confusion, or likening of each letter in each line under one another occurs as in astigmatism.

To obtain the position of the good and bad meridian in astigmatism, the horizontal lines, one over *FOOL*, the other under *PCCI*, will enable this to be found. The size of the lines is D. = 9. They can be held horizontally, vertically, or obliquely to either side. Tested at six metres, if both are seen distinctly horizon-

tally, they are not vertically; or the reverse, according to the axis of the good or bad meridian. The same holds when held at any angle—astigmatism existing. In astigmatism higher than 1 D., the same type can be brought nearer, or the word *NULLIFIED*, in type from D. = 60 to D. = 4, can be used. In letters over D. = 6, defect higher than 1 D. will be exhibited.

While the test is useful for the diagnosis of optical defects, it answers the purpose as well for correction of these defects with glasses, and for proving work done by other valuable and necessary tests at the hands of the ophthalmic surgeon.

DR. J. L. THOMPSON, of Indiana, protested against that portion of the gentleman's remarks which seemed to inculcate a disuse of mydriatics in the examination of the eye for all defects of vision. He was satisfied from the examination of those patients who had previously been under the treatment of other practitioners, that the most eminent men sometimes made "the most horrible mistakes," from neglecting to dilate the pupil.

DR. REYNOLDS, of Louisville, referred to the importance of determining as nearly as possible the exact *meridian* of the astigmatism.

DR. SAMUEL THEOBALD, of Baltimore, said that in one-half of the cases that came to him, he used no mydriatic, with just as good results, and desired to put himself on record as opposed to their indiscriminate use.

DR. SHAKESPEARE, of Philadelphia, said that he did not believe it possible to determine the nature and degree of astigmatism without mydriatics.

DR. S. D. RISLEY, of Pennsylvania, believed in dilating the pupil "in the vast majority of cases."

DR. CONNOR, of Detroit, and others, gave their views, the preponderance of sentiment being apparently decidedly in favor of the use of mydriatics in all cases except when age makes it unnecessary, or glaucoma is threatened.

DR. LITTLE said that he was a full advocate of their use except in such cases.

DR. LAURENCE TURNBULL, of Pennsylvania, then read a paper on the

DISEASES OF THE EAR IN LOCOMOTIVE AND OTHER ENGINEERS, FIREMEN, AND CONDUCTORS, WHICH MAY ENDANGER THE LIVES OF THE TRAVELLING PUBLIC.

The prevalence of a greater or less amount of deafness among railroad employés was dwelt upon, and the result of experiments made upon the hearing of men so engaged was given, and the author concluded by suggesting that legislation should be called for to insure a *maximum*, not an *average*, degree of hearing on the part of those who took the lives of the public into their hands.

DR. C. M. HOBBY, of Iowa, gave a

PRELIMINARY REPORT UPON THE CAUSES OF BLINDNESS.

These were conclusions drawn from the United States Census and one hundred and fifty-two cases of blindness, all of the latter being pupils of a college for the blind. The separate lesions were classified according to age, sex, and, so far as practicable, to causation. Among causes, ophthalmia neonatorum constituted but twenty-six of the total, thus contradicting the assertion on the previous day by a gentleman, that it caused more than half of all cases of blindness. His experience showed that twenty-five per cent. of all was congenital blindness, and seventeen per cent. more before one year of age or forty-two per cent. under one year, but the United States Census gave different results. He gave as his opinion from his own observations that "it is safe to infer from the cases noted that marriages of consanguinity had no effect on the vision of the children."

DR. C. S. BULL, of New York, then read a paper on

THE METHOD OF HASTENING THE GROWTH OR RIPENING OF CATARACT.

This was Fœrster's operation of broad iridectomy, followed by a rubbing or massage of the cornea. Fœrster had seen no iritis following on the operation in one hundred and fifty cases. The writer *has* seen this ensue, but it was a mild form, and amenable to treatment.

DR. JOSEPH A. WHITE, of Richmond, said that he had operated in this way in only three cases; the effect of the massage was to produce an opacity of the cornea which remained for six months after the operation.

THURSDAY, MAY 8TH—THIRD DAY.

DR. E. F. INGALS, of Chicago, read a paper on

NASO-PHARYNGEAL FIBROMATA.

He exhibited a snare such as he was in the habit of using for their removal. Four cases were described in which tumors were removed by this instrument, or by its use conjoined with the galvano-cautery. He believed that when the stump of a tumor was thoroughly cauterized, its return was much less likely to occur.

DR. F. H. BOSWORTH, of New York, said that he had removed growths where the employment of the galvano-cautery had been productive of infinite mischief, and of all forms of cautery he considered that the most injurious. He would like to see the profession get rid of the idea of "roots" to these growths. There were, in fact, *no* roots.

DR. TURNBULL agreed with Dr. Bosworth as to the injurious effects of the galvano-cautery.

DR. J. N. MACKENZIE, of Baltimore, read a paper on

THE EFFECT OF CHROMIC POISONING ON THE NOSE AND ADJACENT CAVITIES.

He described the frequent occurrence of ulceration, sloughing, and final perforation of the septum nasi in workmen engaged in the chrome works in Baltimore, the whole attack frequently running its course in forty-eight hours or less. These cases were *not* due to syphilis or other constitutional disease, but were directly traceable to the effect of inhalation of bichromate of potash, the fine particles of which permeated the air of the establishment and set up the inflammation described.

DRS. TURNBULL and BOSWORTH took part in the discussion of this paper—the latter holding that, except in a few rare cases, molecular death of the part, and perforation of the septum following on ulceration, are always due to constitutional taint.

DR. F. H. BOSWORTH, of New York, read a paper on a case of

ROUND-CELLED SARCOMA OF THE PHARYNX AND SOFT PALATE, WITH EXHIBITION OF THE PATIENT,

who, by his ruddy complexion and general appearance of health, would not have been suspected of ever having

undergone such a series of operations as were described. The origin, growth, repeated removal, and final extirpation of the growth were described, together with the profound weakness and cachexia which the patient exhibited towards the last, his life having been despaired of at one time. The fragments of the tumor were also exhibited in a bottle of alcohol. Since the final operation, in November, 1882, the patient had enjoyed excellent health. He stated that in this case he had first used the galvano-cautery as being an orthodox instrument, but discontinued it as soon as he saw the injurious effect it produced. He now believed it to be an ingenious instrument, possessed of much *moral* weight in its effect on the patient, but more frequently doing more harm than good, and had not used it for eighteen months. The members were then invited to examine the result of the operations as seen in the patient, who was present.

DRS. ROE and MACKENZIE defended the galvano-cautery, as sometimes filling the requirements better than other instruments.

DR. BOSWORTH objected to the uncertainty of its action, owing to our inability to control the degree of heat. The pain produced by the instrument was also an objection. A bit of chromic acid would give as much caustic effect, with but a trifling amount of pain as compared with the galvano-cautery.

DR. UHLER, of Maryland, then gave an exhibition of

INSTRUMENTS AND MODELS OF INSTRUMENTS FOR THE REMOVAL OF TUMORS.

He showed several models of corkscrew-like instruments for extracting tumors, and said that a veritable corkscrew was frequently useful as an adjunct. He also exhibited a small pasteboard model of an operating-table on which the patient lay on an inclined plane, the surgeon being under the table.

DR. E. C. MORGAN read a paper on

APHONIA DUE TO CHRONIC ALCOHOLISM,

in which he argued that alcohol should be classed with lead, opium, and other poisons as an occasional cause of muscular paralysis of the muscles concerned in speech.

DR. ROE then read a short paper on

SOME CASES OF TRACHEOTOMY,

which contained some statistics, and the report of a successful tracheotomy on a child seven months old, which was suffocating from a foreign body in the trachea.

The Section then adjourned *sine die*.

THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

Thirty-fifth Annual Session, held at Philadelphia, May 14, 15, and 16, 1884.

(Specially reported for THE MEDICAL NEWS.)

FRIDAY, MAY 16TH—THIRD DAY.

DR. JOHN L. ATLEE, OF LANCASTER.

DR. R. J. LEVIS, of Philadelphia, offered the following:

Resolved, That the members of the Pennsylvania State Medical Society, hearing of the illness of their distinguished and venerable colleague, Dr. John L. Atlee, of Lancaster, they desire to express to him their regret at missing him at their meeting, and their warm wishes for his recovery, and for a long continuance of his honorable, energetic, and useful life. Adopted.

THE ANATOMY ACT.

DR. JOSEPH LEIDY, of Philadelphia, presented the following:

Resolved, That the Medical Society of the State of Pennsylvania, recognizing the importance of anatomy, and duly appreciating the recent Acts of Assembly making provision for efficient distribution, recommends the members of the medical profession throughout this Commonwealth to encourage and assist the Anatomical Board in carrying out the provisions of said Acts.

DR. J. EWING MEARS seconded the resolution, and remarked that the Acts were safeguards against grave-robbery, and if strictly enforced there would be enough dissecting material for all educational purposes. The great need was an enforcement of the law outside of Philadelphia County. If all counties would send the bodies as the law required, there would be no trouble in regard to the supply. The resolution was unanimously passed, and the Secretary was instructed to send a copy to each county Society.

Dr. William S. Little then delivered the *Address in Ophthalmology*, taking for his subject *The Value of Pupillary Symptoms in General Disease—an Analysis of One Thousand Cases.*

DR. EDWARD JACKSON, of Chester County, then read a paper entitled

ALARMING AND DANGEROUS DOSES OF THE MYDRIATICS,

based upon a study of two hundred and fifty reported cases of mydriatic poisoning, in which he attempted to point out the dose at which liability to a fatal result began. The mydriatics being almost always used in very small doses, say one-sixtieth of a grain of atropia, or an equivalent of other mydriatic preparations, practitioners are liable to come to regard such a dose as near the maximum that it is commonly safe to give; and such an idea is apparently supported by the fact that the symptoms of mydriatic intoxication are very liable to appear after the administration of any larger dose. A study of the literature of the subject, shows that such an idea exists without a good foundation. Among all the cases, the reports of which had been examined, but seventeen had terminated fatally.

The conclusions reached were: For adults, the minimum fatal dose of atropia is certainly not less than the minimum fatal dose of morphia. For children two years old, the minimum fatal dose of atropia is not less than for adults. There is every probability that the same is true of daturia or hyoscyamia.

It did not follow from these conclusions that the common dose of atropia or daturia should be the same as the common dose of morphia, but it was urged that in those cases in which the decided influence of a mydriatic was clearly indicated, for example, cases of iritis, these drugs should be used more freely than they often are. In the meanwhile, the proper measures might be taken to avoid the unpleasant symptoms of mydriatic intoxication; and even if this should to some extent

occur, it was not to be regarded as more indicative of danger than the intoxication produced by alcohol or ether.

DR. ALBERT G. HEYL, of Philadelphia, then read a paper on a form of

EPITHELIAL MYCOSIS.

This disease has been known under various names, *e.g.*, corneal gangrene, kerato-malacia, etc. Graefe described it under the title of corneal ulcer of infantile encephalitis; his idea being that the corneal affection was of a trophic nature, the primary cause being an encephalitis. Jastrawitz has made this hypothesis untenable by showing that these supposed encephalitic products are simply the remnants of fœtal life. Leben within a few months has given a full description of a parasite found *intra vitam* in the conjunctival débris and *post-mortem* in the epithelium of the renal pelvis and in the small intestine. This parasite attacks the epithelial cell, inducing fatty degeneration of its structure. The dead cells accumulate in lamina, giving rise to a characteristic, dry, parchment-like appearance the so-called conjunctival xerosis. The disease is usually ushered in by hemeralopia. This symptom, which is associated with the conjunctival xerosis, may last a month or two, when corneal ulceration commences. About this time general symptoms appear. There are rise in body temperature, frequency of pulse, a dry, harsh condition of skin, and the hair on the head becomes dry, lustreless. Along with this a peculiar state of apathy is developed. Persistent purging and vomiting occur, and finally broncho-pneumonia, to which the patient succumbs.

All cases do not run precisely this course. Some do not proceed beyond the stage of hemeralopia; in others the corneal ulceration appears after the inception of the general symptoms. In some the apathetic state is the most striking symptom. In some constipation exists, instead of the purging. The existence of a parasite in the conjunctiva in this disease was known before Leben's researches. But Leben has not only given a clear account of it, but has also shown that it attacks the epithelial cell, and that it is found in other localities beside that of the conjunctiva. Probably the symptoms of the disease are traceable to this epithelial mycosis. Reasons were adduced for considering the epithelial cells as the receptive organ of centripetal nerves. Destroy these receptive organs in the conjunctiva, and certain impressions of light will fail of being conveyed to the proper centre. A distinction was drawn between those impressions which, coming from the outer world, may issue into voluntary action, and those which issue into involuntary action. Thus the sensation of light and that impression of light which is followed by the reflex closure of the lids are two different things. It is the latter which is absent in this disease by reason of the destruction of the terminal epithelial cells by which it is accomplished. The same rationale may be applied to the skin, which is a vital organ, containing a principal part of the thermic apparatus. The epithelial cells may be looked upon as the receptive organs through which the sweat glands are set in action. Destroy these and the function will be abrogated. Hence the apathetic state and possibly the broncho-pneumonia are developed. The purging and vomiting seem to be due to the direct presence of the parasite. In the treatment the careful administration of food is important, and as the application of moist heat to the eye has been found very serviceable, possibly it would also be if applied to the surface of the skin.

DR. CARL SEILER, of Philadelphia, then described

A NEW ELECTRIC LARYNGOSCOPE,

which consists of the ordinary head-reflector mounted on a head-band by means of a ball-and-socket joint. From the lower rim of the mirror extends a slotted arm about four inches in length, upon the end of which is mounted a small incandescent lamp. Between the lamp and the reflector is a simple biconvex lens for the purpose of concentrating the light of the lamp upon the head-mirror, thus shortening the focus. To prevent the light from falling directly upon the patient's face, the anterior portion of the lamp is surrounded by a shield of silvered mica, which acts as a reflector. The wires from the battery run from the lamp along the bar and are fastened to the head-band, so that they hang from the back of the head of the operator. Any battery which has sufficient electromotive force to overcome the resistance of the carbon filament of the lamp may be used. The advantages of this instrument in illuminating the laryngeal and other cavities of the body are, that the light being once adjusted always is reflected in the direction of the axes of the eyes; that it is light, gives off very little heat and a whiter light than gas or a coal-oil lamp. And, finally, it can be used as an ordinary head-mirror without the electric lamp should the source of electricity give out, an accident which not infrequently happens, especially when the operator is not perfectly familiar with the tricks and vagaries of batteries. The paper was illustrated by the exhibition of the instrument, which gave forth a very satisfactory light.

DR. CHARLES S. TURNBULL, of Philadelphia, in a paper entitled

DOES A CHRONIC DISCHARGE FROM THE EAR MAKE LIFE INSURANCE HAZARDOUS,

called attention to the importance of chronic ear disease as a source of danger to life. Deafness of a dangerous or hazardous degree cannot be concealed, and is only an element of risk in so far as accident is concerned, while a chronic purulent inflammation of the middle ear, with perhaps some polypoid or necrotic complications, can be, and often is unwittingly concealed or overlooked, while it threatens life within a year. One remaining sound ear may do all the work, and the examiners may never suspect the defect.

DR. PETER D. KEYSER then presented *Some Ophthalmological Observations during Ten Years' Service in Wills Eye Hospital.*

DR. E. T. BRUEN, of Philadelphia, then read a paper jointly by himself and DR. J. WILLIAM WHITE on

THE OPERATIVE TREATMENT OF PURULENT PLEURAL EFFUSIONS,

based on thirteen cases of empyema treated since 1877.

In serous effusion, whether undisturbed or treated by paracentesis, the predisposing causes of empyema were considered to be lowered vitality, scrofulous constitution and intercurrent disease. The termination of empyema, and the effects of pleural effusion upon the

lungs, were next dealt with. In regard to the diagnosis, the crucial test is by puncture.

Indications for treatment were then considered. Allusion was made to the healing process through the medium of adhesions of the inflamed pleural surfaces. Every movement of the chest walls draws the surface of the lung with it. When the fluid is evacuated or absorbed the character of the respiratory movements is improved, and they diminish in frequency as well as shallowness. The lung, being adherent, is dragged by the ribs in all their increasing movements. The lung expands, the adhesions to the chest wall increase; each fresh expansion results in further adhesions to the costal surface, which then acquires more power over the lung to promote its return to the normal state. The air in the pleural cavity does not interfere with healing. The point of puncture is the seventh intercostal space, and in a line with the posterior border of the axilla on the right, and on the left side the eighth space on the same line. The seventh rib is the last attached to the sternum, and can be easily traced.

The method of introducing a drainage-tube and dressings was noticed, as also the plan adopted in the resection of the ribs. A case in which the writers had performed this operation was reported, and the portion of the ribs shown.

The following conclusions were formulated:

1. The formation of purulent effusions is dependent on lowered vitality, scrofulous diathesis, and intercurrent disease.

2. The diagnosis can only be made certainly by puncture and inspection of the fluid. This method of examination need not be delayed for fear of favoring the purulent transformation of a serous fluid if proper aseptic precautions are observed.

3. In young children one or two aspirations will often suffice for a cure. If these fail, incision of the chest without the introduction of a drainage-tube is often all that is requisite.

4. In older children and in adults it is proper to aspirate once, but recovery not resulting promptly, a large drainage-tube should be inserted at the most dependent point.

5. If, after this, drainage is still imperfect, as shown by the fetid character of the discharge, a second opening should be made, and a tube carried directly across the base of the cavity.

6. If after a suitable delay, from two to four months, there is no disposition to permanent closure of the suppurating cavity, but if the lung has expanded sufficiently to indicate that it is capable of further descent it would then be proper to facilitate its expansion, and the obliteration of the cavity by removing certain portions of the ribs of the affected side.

7. If thorough drainage is accomplished, the use of disinfectants by intrathoracic injections is rendered unnecessary unless a stimulant to the granulating surface is required.

8. In cases in which the lung is at the bottom of the chest and bound fast to the diaphragm, in which it has been so atrophied prior to aspiration that there is no possibility of re-inflation, or in which it is occupied by a tuberculous or an inflammatory infiltration, this operation is contraindicated.

THE ADDRESS IN SURGERY

was then delivered by DR. JOHN B. ROBERTS, who took for his subject *Surgical Delusions.*

Many surgical theories and procedures have become traditional, and are accepted as true and correct, merely because reverence for antiquity or careless acceptance has not questioned their right to be classed as surgical facts. The present age is an incredulous one, and demands accurate investigation of all such claims. The field of investigation is large, for progress has been retarded by the influence of theorizing writers with monochromatic vision, the example of non-seeing and non-looking devotees of the fetiches of surgical superstition, and the convincing effect of a repetition of false statements. The author selected a few topics which have greatly interested him, and concerning which he probably differed quite widely from many.

Adherence to chloroform in the face of well-known facts as to its danger is criminal when circumstances permit ether to be obtained. The assertion that it is often impossible to produce anæsthesia with ether is the result of inefficient methods of administration. Ether, if given as chloroform is and should be given, is a useless anæsthetic; but, given properly, it is efficient.

Value of Styptics.—The belief in the necessity of styptics is a delusion less dangerous, but is given more extended credence. Such agents are seldom, probably never, needed in general surgery to arrest hemorrhage. When ligatures, torsion, or acupressure is not demanded (and such is seldom the case unless the artery is as large as the facial), moderate direct pressure applied in dressing the wound is the only hemostatic required. Styptics often do harm; and, as they are not needed, they should be discarded.

Danger of Trephining the Skull.—The dislike to make exploratory incisions in closed fractures of the skull evinced by some surgeons, and the objection of others to trephining and thus opening the diplöic structure in open fractures, are delusions of a most disastrous tendency. To wait until symptoms of cerebral compression or inflammation have supervened is to lose the most favorable opportunity for mechanical relief. Such a Fabian policy is often followed by death. The treatment of open and of closed fractures of the skull should not be looked upon as very different, since, with the present improved methods of dressing wounds, the successful issue depends almost entirely upon the cerebral rather than the cranial phase of the injury. If such fractures as are usually seen in the skull were not in proximity to the brain, the surgeon would consider them almost trivial. The feature of closed fractures that renders them so troublesome is the obscurity that accompanies them. The author has for a number of years strongly advocated making closed fractures open ones by means of an exploratory incision whenever there is a suspicion of the existence of depression or splintering. In open fractures, operations to elevate depressed portions, and to get rid of splinters of the inner table thrust into the membranes, should be undertaken. It is better to err on the side of action than that of inaction. Careful manipulation and proper dressings at an early stage are sources of less risk than is incurred by the surgeon who leaves unseen and unsuspected fragments thrust into the membranes or brain.

Operative Delay in Strangulated Hernia.—A similar delusion of fatal issue is that leading to postponement of operative interference in strangulated hernia. Repeated attempts at forcible taxis and medical powwowing with temporizing measures, have ended more lives than the use of the knife. Herniotomy, done within twelve hours, is almost always followed by recovery. Death is to be expected, however, if strangulation has existed for two or three days; and the gut has been bruised by violent manipulation in the endeavor to relieve the constriction by taxis. Moderate taxis under ether, a half day's treatment with cold applications and the internal use of morphia, and a second moderate attempt at taxis, followed, if unsuccessful, by immediate operation, is the sequence to be followed in strangulated hernia. When symptoms of strangulated hernia exist, the slightest fulness and tenderness in one groin over either of the rings, is a sufficient localizing indication to warrant operation.

Operative Delay in Acute Phlegmonous Inflammation.—No insane delusion, no Spanish Inquisitor, ever caused so many hours of excruciating physical torture as the hallucination that acute abscesses and furuncles must not be incised until pointing has occurred. All the world knows that evacuation of imprisoned pus in phlegmonous inflammations means instant relief of the agonizing pain; yet how few of the profession early and freely incise such inflamed tissues unless they first see the yellow pus under the thinned skin or feel the fluctuation of the fluid in the abscess cavity. The pain is caused by the effort of the pus and the sloughing tissue to escape. Is it not, then, more rational to make a free incision to-day than to wait till next week? Time and pain are both saved by early incision. If the cut is made before the pus is formed, so much the better. Probably no form of abscess needs early and free incision more imperatively than that under the palmar fascia. Destructive burrowing of pus is prevented by this radical procedure; which also saves the patient many days of poultices and purgatory.

Operative Delay in Malignant Tumors.—Much bad surgery results from a delusive postponement of operative interference in malignant diseases. Instant removal is to be practised in such cases, provided the patient is deemed fit to stand the surgical shock.

Necessary Fatality of Traumatic Tetanus.—That traumatic tetanus is, of necessity, fatal, is a commonly held opinion. Proper treatment is sometimes neglected because of this belief in its hopelessness. That the prognosis is extremely unfavorable was admitted, but that cases of a severe type recover is undoubted. Chloral hydrate in full doses has given the best results; but he merely wished to impress the fact that a fair number of cases of traumatic tetanus recover.

Fatality of Pericardial and Cardiac Wounds.—The prevalent notion of the excessive danger of these wounds is delusional; at least in as far as it teaches that these structures will not brook surgical interference. The pericardial sac should be dealt with exactly as the pleural sac by aspiration, incision, irrigation, and drainage, according to the lesion. That simple puncture or aspiration of the heart itself is not accompanied by the expected risk to life has been pretty well shown, though I am not prepared to recommend its general adoption for trivial cardiac conditions.

Symmetry of Normal Limbs.—Another delusion still existing in many minds is that the lower extremities are usually of the same length. Clinical and anatomical investigations show that asymmetry in the length of normal limbs is of common occurrence? Therefore measurements of the legs in cases of fracture are of little value, since it is impossible to know whether a long or a short leg is the seat of injury.

There are many other prevalent surgical delusions such as: That bony union of transverse fractures of the patella and of intracapsular fractures of the femoral neck cannot take place; that chronic purulent discharges from the ear do not need active treatment; that hypermetropia and hypermetropic astigmatism can be properly estimated and corrected without paralyzing the accommodation; that it is improper to perforate the nasal septum in cases of great deviation; that crooked noses are not amenable to treatment; that corneal operations and cataract extractions should be treated by cotton padding and bandages to the eyes; that fractures should be treated with carved or manufactured splints.

While an earnest advocate of conservative and of reparative surgery, Dr. Roberts believes that when operative surgery is demanded it should be aggressive. Delay, indecision, and inefficiency, impair the value of much surgical work and are often the legitimate result of a superstitious faith in delusive surgical dogmas.

DR. C. B. NANCREDE, of Philadelphia, then read a paper on

BICHLORIDE OF MERCURY AS A SURGICAL DRESSING.

He entered into some general remarks on the value of antiseptics in surgery and quoted statistics to support his statement. He regarded the corrosive chloride as superior to carbolic acid. The constitutional effect of mercury was sometimes observed, and sometimes it reddened the skin. It was not advisable to use the bichloride for instruments, as it rusted them. The dressing, when the bichloride was used, might, if thought advisable, be left on for as long as eight days without once being removed.

The mode of using the bichloride is as follows: The parts are thoroughly cleansed with soap and water, and are then bathed with turpentine and alcohol, 1 to 7. Sponges are put into a solution of bichloride of 1 to 2000; the instruments into a 1 to 40 solution of carbolic acid. The operation completed, vessels are ligated, a drainage-tube is inserted, and the wound washed with the solution of the bichloride, 1 to 2000. The opposing surfaces are brought together, and a dressing which has been soaked in the solution of the bichloride is applied and kept in place by gauze bandages which have also been saturated with the solution. Outside of this dressing other antiseptic pads are placed when necessary. At times the outer layers become discolored with discharges which emit a gluey odor, but on removing these the inner layers are found to be perfectly sweet. The bichloride solution 1 to 4000 or 1 to 2000 is as strong as there is ever any need for using.

THE JUDICIAL COUNCIL

reported that in the case of appeal of Dr. Cotton from the decision of the Censors of the Tenth District, both parties were heard and the papers submitted considered. It was decided that the notice of the special meeting to

convene at Townsville, November 6, 1880, was not adequate, in that it failed to state by what authority or for what purpose it was called. It was decided that the published *Transactions* of the State Society must be accepted as authentic in all its appointments. The following motion was adopted: *Resolved*, That the case be recommitted to the Censors of the Tenth District, with instructions that they return it to the Crawford County Medical Society for their early action.

DR. TURNBULL, of Philadelphia, presented a series of resolutions endorsing the action of the Alumni Association of the Jefferson Medical College in regard to the erection in Fairmount Park of a

STATUE OF PROF. S. D. GROSS,

and providing for a committee of five to be appointed to act in connection with said Alumni Association. Carried.

THE COMMITTEE ON PUBLICATION

presented a report recommending the passage of the following resolutions:

Resolved, That all papers read or appointed to be read before this Society, become thereby the exclusive property of the Society, and the author has no right to publish or cause to be published the paper or any part of the same without the consent of the Society, and that the Committee on Publication shall not be at liberty to publish any paper that has been published in violation of the above requirements.

Resolved, That the Medical Society of the State of Pennsylvania looks with great disfavor upon the making use of its meeting as an advertising medium, and holds such practice as contemptible, and a flagrant violation of the spirit of the Code of Medical Ethics.

The report, after some discussion, was laid on the table for further consideration.

The Chair announced the appointment of the

COMMITTEE ON LICENSE TO PRACTISE,

as follows; Drs. E. Jackson, of Chester; Traill Green, of Northampton; William Varian, of Crawford; J. M. Deaver, of Philadelphia; H. Leffmann, of Philadelphia; ——— Gates, of Luzerne, and F. Woodbury, of Philadelphia.

AFTERNOON SESSION.

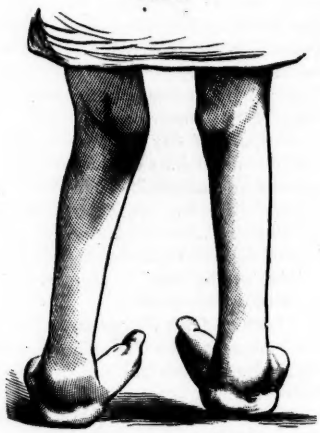
DR. DE FOREST WILLARD, of Philadelphia, read a paper on

THE NON-NECESSITY OF TARSOTOMY IN TALIPES OF CHILDREN.

He reported the case of a girl, aged eight, who had double congenital varo-equinus of extreme degree, and who was tenotomized in infancy but totally neglected, and walked barefooted until eight. When first seen her toes looked backwards, soles outwards; rotation of tibiæ thirty degrees on long axis upon femur, and heels presenting outwards; abrupt angle at medio-tarsal articulation. She walked upon large bursal cushions and callosities on the outer dorsal aspect of feet, as seen in Fig. 1.

The tissues were dense and contracted, and pressure rectified the deformity but slightly. Powerful manual pressure, *redressement forcé*, was employed after tenotomy of both tibials and the long flexor, and of all tissues down to the bones upon the inside of the foot, and then section of tendo Achillis. After much stretching the feet were brought straight, and secured by gypsum splints. A powerful assistant, by accident, ruptured the internal lateral or deltoid ligament, and the superimposed tissues

FIG. 1.



Front view, from photograph.

giving way on the third day, the ankle-joint was opened, but drainage and carbolized oil-dressings closed the wound in six weeks. Her condition two years later is as seen in Fig. 2. She walks upon the soles; the right foot is

FIG. 2.

almost straight, but more rigid than the left, owing to the lacerations reported above; deviation in mediotarsal joint in left foot only slight, but the knee rotation still remains, and although spiral-spring eversion from pelvis as a base has been thoroughly tried, yet but little has been accomplished and no operative procedure promises success. This tibial twist serves constantly to throw the foot inward in walking, but can be counteracted by the patient whenever her attention is fixed.

It may have been congenital in its origin, or have been produced by the effort to prevent contact of toes during the years of reel-foot walking. She now walks

without a cane, and can dispense with apparatus on right foot. The left is retained in position by the author's shoe, Fig. 3, which acts by elastic tension ex-

FIG. 3.

erted by webbing attached at *c*, upward and outward upon *b*, through the medium of catgut cord playing through the eyelet *a*, a flexible joint in the sole being secured by soft leather in the shank.

Davy with his twenty-two operations reported up to June, 1882, is the only single operator, who has had a sufficient personal experience to speak with authority upon tarsotomy, but his one death from septicæmia gives a mortality of four and a half per cent., which is a very unfavorable showing as compared with the safety of tenotomy in the thousands of cases in which it has been performed. In 58 tarsotomies in 50 patients, 3 have died, showing that it is an operation that should still be looked upon as a *dernier ressort*, although Davy, Rupprecht, and König would not give it such a limited sphere, the former having performed one-half of his operations upon children under eleven. One certainly cannot believe that in an infant of sixteen months the bones could have become wedge-shaped, and if not so, the force necessary to restore the foot after tenotomy would not have been severe. Guérin says that the case of club-foot, however complicated, does not exist which is not curable without tarsotomy. Looking at the operation from the standpoint of subsequent walking powers, moreover, we find that a resected tarsus must necessarily be stiff from ankylosis; that caries or synovitis may result; that apparatus is frequently a necessity for locomotion; and that subsequent operations have been required in a number of cases.

The author then gave a *résumé* of 80 cases of tarsotomy upon 68 patients, 58 of which were wedge-shaped sections; 13 were resections of the astragalus, and 9 were excisions of the cuboid. His conclusions were:

1. In children under ten, even in extreme cases, subcutaneous division of all the contracted tissues, with powerful manual force applied even to a degree which would seem severe to one who has not tested it, will restore the feet to a proper position. Even laceration of plantar ligaments, or fracture if necessary, would still be subcutaneous and less dangerous than the opening of cancellous tissue.

2. Fixation by gypsum immediately after restoration, needs to be continued but a short time, after which stretching and the use of an apparatus that encourages muscular action, will give a more movable and a better walking foot than will be gained by tarsotomy.

3. Cases are not necessarily incurable because tenotomy has already failed. Since strict hospital supervision may be able to attain a good result, a careless parent can easily defeat the best efforts of the surgeon.

4. Tarsotomy, by reason of its risk and the rigid feet which it produces, should be limited to cases in which moderate measures have failed, and to adults with deformed tarsal bones. In these cases the operation becomes one of great value. It should be performed absolutely antiseptically, the wedge-shaped section with the saw being much more certain in its results than excision of the cuboid or of the astralagus.

DR. A. SYDNEY ROBERTS, of Philadelphia, then read a paper on

CHRONIC ARTICULAR OSTEITIS OF THE KNEE-JOINT.

He used the term to describe the condition known as tumor albus. His reason for so doing was by proper classification to refer directly to the inflammation of the cancellous structure of bone, thus avoiding confusion from the more general terms of arthritis or knee-joint disease.

From an analysis of many hundred cases he felt safe in asserting that only two structures are responsible: 1. The cancellous structure of the epiphyses. 2. The synovial membrane. These two are combined as a rule; one may develop from the other. The term arthritis is not justifiable till the cartilage and ligaments are invaded.

The author then described at length the pathology of the subject. Rigidity was due to inflammation, to the irritation of the nerves distributed through the epiphyses. The treatment of these conditions is among the most difficult problems that may fall to the lot of a general surgeon. To meet the universally recognized principles of treatment, *i. e.*, fixation of the joint in extension, I have designed a splint that I now feel justified, from its successes, in presenting to the profession.. It consists of two light steel, padded troughs, that are firmly secured to the limb by encircling bands of surgical webbing, affording absolute fixation to the joint when the extending rods are locked after adjustment. Three ratchet extension bars, arranged in the form of a triangle, are placed posteriorly corresponding to the long axis of the limb, placing within the control of the surgeon a power that will overcome the flexion and the tendency to the production of deformity, and at the same time produce extension. It will be noticed that the extension rod acts directly on the head of the tibia, and parallel with the line of contraction of the flexor group of muscles, obviously avoiding thereby the error in the mechanical arrangement of the popular Stromeyer's splint, or in all where the power is applied low down on the tibia to overcome flexion. In the splint under consideration, the long extension rod is used only as a compensating bar, adjusting the angle of the splint to the angle of the flexion of the limb. The power for restoring the head of the tibia and overcoming the spasmodic contraction of the flexor muscles, is applied directly in the axis of their contraction. Through the extension bar the head of the bone describes in its restoration the arc of a circle. The compensating bar in

correcting the angle of flexion, carries the limb through an arc whose centre is in the end of the femur. Mechanically, this arrangement of force corrects the deformity and relieves, by extension, the reflex spasm of the flexor muscles without crowding together the diseased joint surfaces or aiding in subluxating the head of the tibia, as would be the case should the limb proper be used as the long arm of our lever, with the insertion of the hamstring tendons instead of the normal centre of motion of the joint as the centre of motion of the splint.

Supplementing the direct extension upon the contracted muscles, another bar has been added to aid in steadying the joint and relieving interarticular pressure. Its action upon the limb is produced through adhesive plaster applied above and below the joint, to which surgical webbing has been attached. This is firmly secured to a counter-extending band and to the extension rod, affording a means of direct extension always corresponding to the angle of flexions. The extension bars are controlled by a key and ratchet movement, held in place after adjustment by a small ring and pin. I have found that this method of securing fixation with extension by a portable appliance, enables the patient to enjoy, by means of crutches, all the hygienic advantages of open air and exercise, facilitating thereby a better result than would be otherwise obtained.

DR. W. S. JANNEY, of Philadelphia, then presented a case of *Unusual Displacement of the Trachea by a Tumor, with Tracheotomy Tube Inserted Two Inches to the Left of the Median Line of the Neck.*

On motion, the report of the Special Committee on the

PUBLICATION OF PAPERS

was taken from the table.

DR. STRAWBRIDGE offered the following amendment as an addition to the first resolution: And that the Chairman of the Committee on Publication be authorized to publish an abstract of papers read before this Society, said publications not to interfere with the authorized yearly publications.

An additional amendment, to the effect that members shall furnish abstracts of their papers for publication to the Chairman of the Committee on Publication was offered, and on vote was declared lost.

The first amendment was then adopted, and the original resolution as amended was then passed.

MEDICAL ADVERTISING.

The following resolution was then unanimously adopted:

Resolved, That the Medical Society of the State of Pennsylvania looks with great disfavor upon the making use of its meeting as an advertising medium, and holds such practice as contemptible, and a flagrant violation of the spirit of the Code of Medical Ethics.

THE REPORT OF THE COMMITTEE TO SECURE A STATE BOARD OF HEALTH

was then presented. It stated that the bill to establish a State Board had failed in the last legislature by a single vote, but that in another year the Committee hoped to present a more favorable report.

CHANGE OF DATE OF MEETING.

DR. A. M. POLLOCK, of Alleghany, moved that when we adjourn we adjourn to meet at Scranton on the last Wednesday in May, 1885, and not the second Wednesday, as previously agreed upon. Adopted.

MISCELLANEOUS BUSINESS.

The Committee on the appeal of the American Anti-Vivisection Society was then authorized to publish its report in full and to circulate it at its discretion.

The Permanent Secretary was authorized to employ such clerical assistants as may be necessary in making abstracts.

THE APPOINTMENT OF THE ADDRESSES FOR 1885

were announced, as follows:

Surgery.—Dr. E. A. Wood, of Alleghany.
Obstetrics.—Dr. C. A. Rahter, of Dauphin.
Hygiene.—Dr. Joseph G. Richardson, of Philadelphia.
Mental Diseases.—Dr. S. S. Schultz, of Montour.
Medicine.—Dr. E. T. Bruen, of Philadelphia.
Otology.—Dr. C. S. Turnbull, of Philadelphia.

A GROSS MEMORIAL

page was ordered to be inserted in the *Transactions.*

Adjourned.

SOUTH CAROLINA MEDICAL ASSOCIATION.

Thirty-fourth Annual Meeting, held at Florence, April 22, 23, and 24, 1884.

(Specially reported for THE MEDICAL NEWS.)

THE thirty-fourth annual session of the South Carolina Medical Association was held in the hall of the Knights of Honor, Florence, April 22, 23, and 24, 1884, THE PRESIDENT, R. A. KINLOCH, M.D., in the chair. The attendance was fair, and eighteen new members were added to the roll.

THE PRESIDENT, DR. R. A. KINLOCH, delivered

THE ANNUAL ADDRESS,

the subject being *A Plea for Education as the Means for Unifying the Profession and Strengthening the Association.* After congratulating the Association upon the celebration of its thirty-fourth anniversary, and acknowledging the kind feeling and generous hospitality of the local profession, on this the first occasion of a meeting in this section, Dr. Kinloch went on to say that, in his choice of a subject, he was guided by the idea of duty to address the Association in words of admonition and advice regarding what he considered its greatest need.

The highest aim of the Association should be to secure professional advancement, professional and social unity and harmony.

A retrospect of the past thirty-five years brings to a true lover of the profession in the State a feeling of sadness and infinite disappointment. In the address of the first President of the Association, Dr. Moultrie, in 1850, it is stated that the Society then numbered two hundred and sixty members, from seventeen districts. The present roll of the Society numbers less than one hundred and fifty, a large numerical deficiency as compared with thirty-five years ago. If it could be believed that it was the purification of the profession that had thus reduced our numbers, there might be some consolation in facing the figures. But whilst it may be fairly affirmed that this body represents the intelligence, character, and working capacity of the profession in the State; it is equally well known that there are numbers

of fitting associates who are pleased to remain outside of our organization. Doubtless they have their reasons, which it might be regarded as uncharitable to criticise, but, without arguing the question, I would appeal again and again to our recreant brethren. In the name of the nobility that attaches to our art; in the name of the great and good, whose labors have guided and supported us amidst the terrors of disease and death, and whose monuments of usefulness are seen in every clime; in the name of a civilized benevolence; in the name of the majesty of scientific truth, ever struggling for sovereignty against ignorance and superstition; and in the name of the health and life of our proud State, I would exhort every member of our liberal and enlightened profession to remember his duty, and to join our ranks with every energy pledged to the development of a noble work.

DR. CORNELIUS KOLLOCH, of Cheraw, then read an interesting report of

A CASE OF OVARIOTOMY,

in which he had operated with success, the patient having safely recovered. He also reported a case of

PERICARDITIS FOLLOWING AN ATTACK OF ACUTE RHEUMATISM,

in which he performed the operation of paracentesis of the pericardium, introducing through the fifth intercostal space a small aspirating needle near the sternum, and drawing out fully eight ounces of sero-sanguinolent fluid. The relief was instantaneous and complete. It is now more than ten months since the operation, and the patient is in perfect health.

DR. JAMES EVANS, of Florence, read a paper on

THE SANITARY USES OF PLANTS AND FLOWERS.

Pure air, pure water, and pure soil, indispensable conditions of a fit dwelling-place for man, can be secured in a measure, he said, by a proper selection and arrangement of trees and plants around our dwellings. In spite of all care, more or less organic matter finds its way into the soil around every house and there undergoes decomposition, polluting the air and surface water. Where trees and plants grow, the soil is traversed in every direction with a network of fine fibrous roots which feed on this matter, absorbing likewise excess of moisture and draining the soil. This moisture is afterwards exhaled from the leaves, a property of plants which, it can hardly be doubted, can be used with advantage in the alleviation if not in the cure of many distressing affections, especially of the respiratory organs, by placing in the sick room a sufficient number of plants. There is no doubt that plants also exhale, with this moisture, some of their active and peculiar principles. Examples of this are found in the rhus, which produces an eczematous eruption on the skin, the Pride of India which protects from the attacks of insects, the hemlock and other plants of the same class which produce narcotic effects upon those much exposed to the atmosphere in their vicinity. The scent of mint and thyme is due to menthol and thymol, antiseptics of the highest value, and it is not improbable that their exhalations have the same property. The eucalyptus is remarkable as a prophylactic against malaria, so much so that the French Government has had groves of them planted near forts and towns in Algiers, and localities formerly subject to fearful mortality from malarial fever, are now, since the planting of these trees, comparatively exempt from its ravages. Its leaves immersed in hot water are also said to be an efficient disinfectant in the sick-room. A residence in a pine forest has long been considered beneficial to weak lungs. These active principles of plants may, when diffused through the atmosphere, be extremely diluted, but when we remember the construction of the lungs, with their extensive absorbing surface and the continuous application of the substance during every inspiration, we can readily understand their effect. And I have no doubt that when the physiological action of plants, used in this manner, is more closely studied, they will prove of the utmost value in the prevention and remedy of disease.

Plants, by virtue of their power to generate ozone and to split up carbonic acid, absorbing the carbon and setting free the oxygen, can, when grown in our chambers, remedy to some extent the evils of bad ventilation. In Pasteur's virus-culture experiments he found that, when they were conducted under a diminished supply of oxygen, the germs retained their primitive virulence, but, on the contrary, when they had access to oxygen the virus became weaker. Now it has been known, for a long time, that marsh miasm is intercepted by a forest, and that persons living in localities so screened are exempt from attacks of malarial fever. The explanation of this is probably to be found in this discovery of Pasteur. When a cloud of malarial germs are wafted from a marsh to the neighboring forest, they encounter a continuous stream of oxygen pouring forth from every leaf, attenuating the virus and rendering it innocuous.

DR. O. B. MAYER, JR., of Newberry, read a paper on

PELVIC PERITONITIS AND CELLULITIS,

in which he said that both before puberty and after the menopause this disease is rare. It frequently occurs after abortion, especially if it be criminal. Its most common causes are the extension of inflammation from the uterus, absorption of septic matter from the genital tract, and exposure during or immediately after menstruation. One cause, which seems to have been overlooked by gynecological writers, is the extension of inflammation from the corpus luteum in those cases in which there is sufficient vaso-motor disturbance to produce a hyperæmic condition.

DR. JOHN M. THOMPSON, of Newberry, reported

A CASE OF SEPTICÆMIA FROM THE BITE OF A RAT.

The patient, a man twenty-five years of age, lived in an old wooden house, its foundations decayed and its walls infested with rats and filled with their accumulations of filth. Swamps surrounded the locality, and the patient had long suffered from chills and fever. On the 15th of last September, while he was trying to kill a rat, he was bitten through the palmar surface of the ring finger of the left hand, near the end. The wound gave him only momentary pain, and in a few days it had healed and was forgotten. But about ten days later the finger began to throb and give him great pain. Dr. Thompson saw him on the following morning; his finger was swollen, inflamed, and exceedingly painful, and he had some fever. Quinine and iron were given in full doses, poultices were applied, and morphia administered. In spite

of treatment, the inflammation increased, and the tension was so great that an incision was made through the entire length of the palmar surface of the last phalanx, which was followed by a discharge of bloody serum. Charcoal poultices were substituted for flaxseed, the iron was left off, and stimulants added. There was no improvement, and on October 2d the end of the finger was found to be cold, and it was evident that mortification had begun. He suggested amputation, but the patient steadily refused until October 4th, after he had called in consultation Dr. O. B. Mayer, Jr., who advised immediate amputation, and the operation was performed, with antiseptic precautions, by Dr. Mayer, by disarticulating the finger at the metacarpo-phalangeal articulation, avoiding the removal of the end of the metacarpus for fear of septic absorption. No immediate improvement followed the operation, but, on the contrary, he appeared to grow worse, and two weeks after his condition was extremely critical. The wound had healed but little, the pulse was 125 to 130, the temperature 103° to 104½°. Red spots, half an inch in diameter, which first appeared on the wrist and forearm the day of the operation, soon covered the whole body. The treatment now consisted of nitro-muriatic acid, the hypophosphites of lime and soda, and quinine. Opium was substituted for morphia with a happy effect. The diet was highly nutritious, and brandy was given freely. The wound was dressed twice daily with carbolized glycerine. He remained in this critical condition a week or ten days before any change for the better took place. Then he began to improve slowly; the fever abating, the wound began to heal, the spots to disappear, and his strength to return. During convalescence chills occurred which proved very obstinate. It was two months from the day he was bitten before he was able to walk about again.

DR. H. MCMILLAN presented a report of a case of

SEVERE ABDOMINAL WOUND, WITH RECOVERY.

On August 8, 1883, he was called to see a colored man, an engineer, who had received a wound. He found the patient in the road, where he had lain for four hours, with his bowels protruding through a severe abdominal wound, and lying on the ground covered with dirt. On examination he found an incised wound about four and a half inches in length, running obliquely across the umbilical region, and the small intestine cut half through transversely in one place, where the fecal matter had poured out freely. After removal to a house near by, chloroform was administered, the intestines were thoroughly cleansed with tepid water, and the serous surfaces of the wound were inverted and sewed up with the continued silk suture, both needle and thread being very fine. At this stage the patient vomited once and became collapsed, but ether having been administered hypodermatically, he rallied. The protruded viscera were then restored to the abdominal cavity, the abdominal wound closed, and a broad bandage passed around the abdomen. A hypodermatic injection of morphia and atropia was administered. No nourishment was taken for thirty-six hours, after which iced milk formed the diet. The bowels were controlled with opium, until August 13th, when they were evacuated by an enema. On August 17th an abdominal supporter was applied, and the patient was discharged. No antiseptics were used in the case, and no solid food was taken for ten days after the accident. The patient is now in perfect health.

After the reading of a number of other papers, the following were elected

OFFICERS FOR THE ENSUING YEAR:

President.—Dr. A. A. Moore, of Camden.

Vice-Presidents.—Drs. C. Kolloch, of Cheraw; James Evans, of Florence; and T. J. McKie, of Woodlawn.

Recording Secretary.—Dr. John Forrest, of Charleston,

Corresponding Secretary.—Dr. H. D. Fraser, of Charleston.

Treasurer.—Dr. H.W. De Saussure, Jr., of Charleston.

The Association then adjourned to meet at Charleston, an April 23, 1885.

NEW YORK COUNTY MEDICAL ASSOCIATION.

Stated Meeting, April 21, 1884.

THE PRESIDENT, WILLIAM DETMOLD, M.D., IN THE CHAIR.

DR. CHARLES A. LEALE read a paper entitled

SCARLATINA OF THE FŒTUS IN UTERO, AND OF THE MOTHER AT THE NINTH MONTH OF UTERO-GESTATION.

(See page 635.)

THE PRESIDENT, in opening the discussion, remarked that it was not surprising to him that the parturient woman should be in great danger from scarlatina, since the peculiar condition of the kidneys, approaching as it often did to genuine Bright's disease, offered a sufficient explanation, he thought, of the great fatality of the disease in such patients.

DR. DWYER said that he had seen one case of scarlatina in the parturient woman, in which the mother suffered from violent eclampsia and expired at the moment of the birth of the child. The child was affected with undoubted scarlatina when born, two eminent physicians who were in attendance concurring in the diagnosis. He had, however, met with three cases in which pregnant women nursed children having scarlet fever, who escaped the disease themselves and whose infants, when born, did not have it.

DR. GOULEY thought that the peculiar form of nephritis incident to scarlatina must make the subject of the liability of parturient women to the disease of immense interest to obstetricians, since the whole abdominal circulation of such patients was impeded, while the kidneys were often intensely congested, and the renal tubes so filled with blood as to give rise to hæmaturia. If patients in this condition were fortunate enough to recover from scarlatina, it seemed to him that there was imminent danger of their being affected with permanent nephritis.

DR. LUSK said that he would only make a few remarks, which might, perhaps, serve to bring into stronger relief some of the points brought out in the paper. It was a matter of great interest, he thought, that a pregnant woman, when exposed to the infection of scarlatina, rarely developed the eruption and other signs of the disease until the occurrence of labor, or even after the birth of the child. Either the period of incubation was very long, or the poison remained dormant in the system until the time of parturition. Again, there was often an irregularity about the symptoms of scarlatina in par-

turient women; the eruption and fever, for instance, occurring simultaneously. In quite a large proportion of cases, too, there were no throat symptoms, and the patients often died before any symptoms referable to the kidneys had become developed. As to the possibility of the occurrence of a scarlatinous rash due to puerperal septicæmia, and entirely independent of the infection of true scarlatina, he had his doubts; and certainly he himself had never seen this phenomenon except in connection with the real scarlatina poison. Scarlatina in the parturient woman, as a rule, he believed, was not associated with inflammation of the peritoneum or with pelvic cellulitis. While the disease was undoubtedly to be guarded against as peculiarly dangerous at the puerperal period, it was not to be altogether lost sight of that, when it occurred among children, the result depended to a great extent on the general character of the epidemic prevailing, as well as the special circumstances connected with each individual case. Even among parturient women, then, experience had proved that in some cases the disease was very light.

Dr. Lusk then alluded to the researches of Braxton Hicks, who had maintained that the indistinct rash attributed to supposed pyæmia in puerperal women might in some cases be a scarlet fever introduced unsuspectedly from without, and that other cases of puerperal septicæmia, in which there was no rash or any of the ordinary signs of scarlatina, were in reality due to this disease. The exanthemata, he claimed, sometimes occurred without rash, the intensity of the poison in some instances causing death during the period of the incubation of the rash; so that there might be certain conditions of the human body which did not permit the ordinary manifestations of these diseases, and the sore throat and skin rash could not, therefore, be regarded as the essential characteristics of scarlet fever. For instance, the poison producing erysipelas could act fatally upon the puerperal woman without any external skin affection; and it was certainly a significant fact that puerperal disturbances were always associated with epidemics of scarlet fever. Out of 68 cases of puerperal disease seen in consultation by Braxton Hicks, no less than 37 were distinctly traced to the scarlatinal poison. Of these, 20 had the characteristic rash of the disease; but the remaining 17, although the history clearly proved exposure to the contagion of scarlet fever, as he believed, showed none of its usual signs, and were not to be distinguished from ordinary typical cases of the so-called puerperal fever.

In England, Dr. Lusk continued, the statistics showed that the child has taken scarlatina from a mother suffering from such an attack of puerperal fever; but, so far as he was aware, no instance of this kind had ever been reported in this country. The records of the New York Health Department, for nine years, showed no proportion between the relative frequency of deaths from puerperal fever and deaths from scarlatina; and Matthews Duncan had found the same thing true in the mortuary statistics of London. At the same time, he was not sure that Braxton Hicks might not be right in his views after all. If a physician should go to a case of confinement from one of scarlatina, and the case should turn out badly, he would be pretty sure to blame himself, whatever the patient died of; and, therefore, he thought that obstetricians could not be too careful in guarding against all possible chances of infection. Those who were sceptical, were likely to be very severely punished. Thus, there were one or two cases in the past, in regard to which he could not but reproach himself for not having taken as ample precautions as he might perhaps have done.

DR. S. T. HUBBARD said that in the only case of scarlet fever occurring in a parturient woman which he had met with in his practice, the attack came on upon the third day after labor. The eruption was well marked, and the patient died on the third day after its commencement. The child died on the fifth day from its birth. He could not trace the origin of the attack. He thought it was the duty of the physician to refuse to attend any lying-in women at the same time that he was in charge of a case of scarlet fever, and this precaution he had always observed in his own practice.

DR. C. S. WOOD was inclined to think that the danger of puerperal women from contagion had been somewhat exaggerated. In epidemics of scarlatina, he had always watched parturient patients who had never had the disease with much anxiety, but he had arrived at the conclusion that they were not so susceptible as many supposed. In one case that he had seen, a mother nursed a child with scarlatina for twenty-one days, and ten days after the expiration of this period she was confined; but neither she nor the new-born infant had any sign of the disease, and both did perfectly well in every respect. He had now been engaged in the active practice of medicine for nearly thirty-five years, and had never seen a case of such fever in a puerperal woman which had been carried by himself.

DR. LUSK thought that it was better not to run any risks. Some time ago he had met in consultation a gentleman of this city, who had an immense practice among the poorer classes, and who had been having very unfavorable results in his obstetric cases for some time. He could not at first realize that he himself had been the primary cause of this; but at length he became fully convinced that he had been carrying infection directly from his scarlet fever patients to his parturient women.

THE PRESIDENT said that the reason why puerpural women were not infected by scarlet fever contagion more frequently than they really were, was probably because they had mostly had the disease in their childhood, and were thus, in a great measure, protected against it.

The paper was further discussed by several members, one of whom had had experience with an outbreak of scarlatina in a large tenement-house, with a house in the rear. In the two buildings there were some thirty-eight or forty families living, and nine or ten women who were expecting to be confined. One of the latter caught the disease, and was very ill with it at the time labor occurred. The child was born alive, but she herself died three days after its birth. All the other women in the house escaped, but two neighbors who came in to see this patient took the fever, which proved fatal to one of them. Another gentleman had known of a case of scarlatina to develop a week before confinement, although the patient had had the disease in childhood. After the birth of the child, which also had scarlatina, she suffered from metro-peritonitis. A third, who had

been attached to one of the large lying-in hospitals in Vienna, maintained, with many German authorities, that there was a distinct scarlatinous rash which was called forth by the puerperal state, not being produced by the contagion of scarlatina or communicable from the patient to other persons, and which could be readily diagnosticated by the symptoms present from true scarlatina.

DR. AUSTIN FLINT, SR., said that personally he had seen no case of scarlatina occurring during pregnancy or in the fœtus in utero, but he had met with one instance of the disease occurring immediately after delivery. This was one which he saw in consultation with the late Dr. J. O. Stone, of New York. The patient was twenty-eight years old, and her second child had been born two days when the eruption of scarlet fever appeared on her, although she had previously had the disease. He first saw the case four days after the appearance of the eruption, the lochia and milk having then both been checked. The urine was slightly albuminous, but within twelve days she was convalescent. Two weeks afterward, however, she was seized with an attack of rheumatism, accompanied by abundant albuminuria and a somnolent condition, and this rapidly proved fatal. No autopsy was made. The child contracted the disease from the mother, and, therefore, he thought it reasonable to suppose that the former contracted it either just before or just after delivery.

In connection with the subject of scarlatina in general, he wished to make a few remarks, and the first was in regard to—

1. *The vitality of the contagion of scarlet fever.* In 1862, he said, a case occurred in a New York boarding-house. As soon as the child was able to be moved, it was taken away, and the rooms occupied by the family were thoroughly cleansed. In three days afterward, another family moved into the same apartments, and in two days a child belonging to the latter was taken with the disease. Dr. Flint then related the case of Miss G., the daughter of a deceased New York physician, who had been well known and highly esteemed in the community. Having entered the Protestant Sisterhood of St. Barnabas, she was called upon to nurse a child suffering from scarlet fever; and after she had finished her attendance on the child, she hung up her clothing to air for several weeks. She then gave away the waist of the dress that she had worn, and put the skirt away in a trunk. It was in February, 1870, that she nursed the scarlet-fever patient, being in attendance for ten days. In January, 1871, she wore the skirt for the first time, and one week afterwards was herself attacked with acute diffused nephritis and pulmonary œdema, which proved fatal. The lesson of these cases, therefore, was the necessity for effective disinfection in all cases of scarlet fever.

2. *The frequency of acute nephritis from the scarlatinal poison.* The kidney complication was not due to cold, as was often imagined, but to the nature of the disease itself, and, hence, on account of the increased danger with which it was thus imbued, there was all the more necessity for physicians taking every possible precaution against conveying the contagion to other patients.

3. *Atypical cases are liable to occur in which there is no eruption.* In 1874, he saw a case in which there was no eruption and no sore throat, but acute desquamative nephritis occurred, and also desquamation of the skin.

4. *Heart thrombosis may prove fatal in scarlatina.* In one autopsy which he saw there was a firm clot in the right ventricle, extending into the pulmonary artery.

5. *Cold baths are of great service in reducing the temperature.* For more than fifteen years he had resorted to this measure in appropriate cases, with very satisfactory results.

6. *In the essential fevers alcohol has a marked beneficial effect.* In the light of our present knowledge, he thought it of interest to inquire whether this agent did not act in reality as a germicide in such fevers, and whether its sustaining effects were not due to this property.

DR. E. G. JANEWAY related the case of a physician in New Mexico who, after having attended a scarlet fever patient, had occasion to go to see a patient in a town twenty miles distant, in which, as he subsequently took special pains to inquire, there was absolutely no scarlet fever; yet, one week after his visit, the disease appeared in the family which he had gone to see. Similar instances of the carrying of the contagion for long distances had been reported in the *Practitioner* by physicians living in rural districts in England.

DR. LEALE said, in closing the discussion, that he believed that there was a distinction between scarlatina and septicæmia, just as the so-called scarlet rash in children, which was produced by septic poison from inflamed tonsils, was entirely distinct from true scarlatina. In the case of the family whose unfortunate experience with scarlatina he had related, the entrance of the disease was positively not due to septicæmia, because, *first*, the mother had scarlatina before the child was born; *second*, the infant was born with the disease; and, *third*, the monthly nurse also took it. As to the susceptibility of puerperal women to infection from scarlatina contagion, he did not believe this was very great. This was due, to a great extent, to the age of the patients. That the disease sometimes attacked the fœtus in utero, there was now, he believed, ample evidence, both in this country and in Europe. The point that he wished particularly to impress, was the extreme danger which the parturient woman underwent in case she should be so unfortunate as to contract scarlatina; so that, even though the chances of her doing so were small, the mere possibility of such disastrous consequences ought to be sufficient to cause us to use every precaution in preventing any exposure to the risk.

THE MEDICAL SOCIETY OF THE STATE OF WEST VIRGINIA.

Seventeenth Annual Session, held at Clarksburg, May 21 and 22, 1884.

(Specially reported for THE MEDICAL NEWS.)

WEDNESDAY, MAY 21ST—FIRST DAY.

THE Medical Society of the State of West Virginia convened at 3.30 P.M. The Chairman of the Committee of Arrangements, DR. D. PORTER MORGAN, extended to the members a warm welcome in a brief address, in which he refered to the advantages to be derived from these annual meetings.

GEN. R. S. NORTHCOTT, the Mayor of Clarksburg, then welcomed the Society to the City in an eloquent address.

Owing to the necessary absence of both the President, Dr. A. Gerstell, of Keyser, and the First Vice-President, the Chair was taken by the SECOND VICE-PRESIDENT, DR. A. F. STIFEL, of Wheeling.

The following fraternal delegates were introduced, and invited to participate in the deliberations of the Society: Drs. George H. Rohé and J. W. Chambers, of Baltimore, from the Medico-Chirurgical Faculty of Maryland; and Dr. J. W. Hoff, of Pomeroy, from the State Medical Society of Ohio.

A number of applications for membership were received and referred to the Board of Censors.

REPORTS.

The report of the Committee on Publication was presented by the Chairman, Dr. J. E. Reeves. Among other items, the Committee reported adversely on a proposition referred to it last year, looking to

THE ESTABLISHMENT OF A MEDICAL JOURNAL

in lieu of the annual volume of *Transactions*. The Committee thought the profession already has more than a sufficient number of journals, and that the effort to start a new one in West Virginia would probably prove a failure from want of adequate support.

The annual report of the Treasurer showed the Society to be in a good financial condition, a considerable balance being carried over from last year.

The Secretary's report indicated a small increase in the membership of the Society. Four members have died during the year.

A REPORT ON CLIMATOLOGY AND EPIDEMICS,

by DR. R. W. HALL, Chairman of the Committee, was read by the Secretary. The author gave a brief account of the climatology of the State, spoke generally of the effects of our mountains and high hills on air currents, and, indirectly, on the humidity and temperature of the atmosphere.

"It may perhaps be thought that during the hot months the mortality would likely be highest from diseases of the alimentary canal; yet we are persuaded, from the results of our inquiries throughout the State, that were we to deduct the deaths from bowel complaints from the deaths caused by diseases of the organs of respiration, there would be found a large per cent. still to remain. We therefore infer that the highest mortality is during that period when the earth's surface is cooler than the surrounding atmosphere, and that persons living on high hills are less likely to be afflicted with diseases of the organs of respiration, or diseases resulting from sudden changes of temperature, than are those living in the low valleys."

The remainder of the report contained very brief allusions to some of the more prevalent diseases during the past year. "The State has been unusually favored during the year, not having had any severe epidemic. The diseases most prevalent have been those of the respiratory apparatus. Bronchitis heads the list. This disease among children was frequently of the capillary variety, and such cases were attended, as usual, with a high rate of mortality. Next in frequency was pneumonia, which was usually very fatal, especially where it attacked both lungs. Laryngitis comes next, occurring in many parts of the State, notably in the eastern and northwestern sections. The disease generally commenced like an ordinary cold, ran a definite course, and usually ended in recovery. Pharyngitis also occupied a prominent place in the list of prevailing diseases, but the average duration was short, and the disease mild and manageable. Diphtheria prevailed over nearly two-thirds of the whole State. Typhoid fever has been present in nearly every section of the State, but has not been epidemic. Several epidemics of measles occurred in different localities of the State, most notably in Harrison and Marshall Counties.

The Board of Censors reported favorably on the applications of the following physicians, who were then

ELECTED TO MEMBERSHIP:

Drs. J. W. Cooper, of Willsburg; John L. Dickey, of Wheeling; Eugene Hoyt, of Wheeling; A. L. Hupp, of Lumberport; Bascome Baker, of St. George; S. H. Austin, of Lewisburg; O. T. Bond, of Rockford; C. C. Hersman, of Weston; L. D. Frum, of Sardis; M. J. Brabelle, of Clarksburg.

THURSDAY, MAY 22D—SECOND DAY.

DR. C. T. RICHARDSON, FIRST VICE-PRESIDENT, in the Chair.

A REPORT ON NEW REMEDIES,

prepared by Dr. REED M. BAIRD, of Wheeling, was read by the Secretary. The remedies discussed were *convallaria*, of which the writer remarked that "all reports of results agree that it is inferior to digitalis as a cardiac tonic," jequirity, kairin, and paraldehyde.

DR. FLEMING HOWELL, of Clarksburg, then reported

A CASE OF ŒSOPHAGOTOMY FOR THE EXTRACTION OF A SILVER FIFTY-CENT PIECE.

(See page 639.)

DR. BLAND, Superintendent of the State Asylum for the Insane, stated that Dr. Camden and himself had performed this operation on one of the patients in the Asylum, for the removal of a fish-bone, but the case terminated fatally.

EXPERT TESTIMONY.

The following resolution, offered by Dr. Fleming Howell, was adopted:

Resolved, That a committee of four members of this Society be appointed, whose duty it shall be to memorialize our next Legislature upon the subject of expert testimony, and to endeavor to secure the passage of a law giving to physicians who are summoned before the courts of the State as experts an extra special fee, to be determined by the court.

Drs. George Baird, J. E. Reeves, L. D. Wilson, and Fleming Howell were appointed the committee.

DR. GEORGE H. ROHÉ, of Baltimore, read a paper on the

TREATMENT OF THE LATER SYPHILITIC LESIONS OF THE SKIN AND SUBCUTANEOUS CONNECTIVE TISSUE,

in which he expressed the opinion that the view of Hutchinson, that the so-called tertiary manifestations of syphilis are merely sequelæ, and not symptoms of the syphilis, could not be accepted without more definite evidence in its favor than has as yet been furnished.

The tubercular syphilide and the subcutaneous gummata were regarded as anatomically identical. The author said the prognosis of syphilis was generally fav-

orable. He regards it as a curable disease, and deprecates the hopeless prognosis given by so many authorities. In the treatment of tertiary syphilitic lesions, iodide of potassium holds the first place. I should be given in free doses; twenty grains, four to six times daily, are sometimes necessary to produce the effect desired. Mercury is of much less value in this than in the secondary period, but should not be entirely omitted. Tonics are of importance in all stages to counteract the spoliative effect of the disease upon the red corpuscles. Good food, fresh air, cleanliness, and moderate exercise should be insisted upon. Cod-liver oil and iron, in the form of tincture of the chloride or pills of the protocarbonate, are often indicated. Locally, the application of mercurial plaster to the lesions before ulceration, assists in promoting their absorption. After ulceration, the syphilitic infiltration should be scraped out with the curette, and iodoform applied.

DR. W. H. SHARP, of Volcano, next read a paper entitled

LISTERISM IN OBSTETRICS—SHALL WE ADOPT IT IN GENERAL PRACTICE?

It contained an exhaustive review of the recent literature. It referred to the small mortality from puerperal affections even in large cities, and claimed that in smaller towns and in the country puerperal fever is a rare disease. Statistics were given which tend to show that in this country the enforcement of such stringent rules as are often laid down are not necessary. Nor is it necessary to practise so strictly personal disinfection when attending infectious cases.

DR. J. W. CHAMBERS, delegate from the Medico-Chirurgical Faculty of Maryland, then read a paper on *Cerebral Localization, with Illustrative Cases.*

DR. J. P. MILLER read a paper on *Phthisis; its Successful Treatment.*

A paper by DR. J. E. REEVES, *The Importance of the Microscope in the Practice of Medicine, with Illustrations*, was read by title and referred to the Committee on Publication, the author having been prevented by recent illness from completing it in time for the meeting.

DR. C. M. FRISSELL read a paper prepared by his venerable father, Dr. John Frissell. A number of surgical cases of greater or less interest were detailed. One was

A CASE OF ABSENCE OF VAGINA, UTERUS, AND OVARIES

in a married woman æt. 33 years. In external appearance the mons veneris, labia majora, the nymphæ, clitoris, orifice of the urethra (large enough to admit the forefinger), and the hair covering the parts, were all natural. Below the dilated orifice of the urethra was a small sulcus, but there was a perfect closure of the entire region that should have formed the external opening of the vagina. She had never menstruated, but did not think much of that, for she supposed some girls were troubled in the same way. Her sexual appetite, she thought, had been about the same as that of other girls. The breasts were not large, but appeared normal. Her general appearance was that of "a perfectly developed woman." At a second examination, the doctor "introduced a catheter into the bladder, and the fore and middle fingers of the left hand into the rectum. Through the wall of the rectum and the thick layer of cellular tissue he could feel the catheter in the bladder, but failed to find any solid body that he thought was the uterus or its appendages." The following operation was performed: After cutting out enough of the skin to make about a natural sized opening for the vagina, thus fairly gaining admission into the cellular tissue, he separated the layers with the right forefinger, holding the perineal tissue with the left thumb, the first and second fingers in the rectum forming a floor upon which to work. With the catheter above in the bladder and fingers below in the rectum, he could evenly direct his way about equidistant between these organs, and succeeded in making a division as far as he could reach with his right forefinger. He then placed in the opening a rectal dilator, and gradually spread the parts open until there was ample room for dilatation and contraction. He then introduced a bivalve vaginal speculum, and through it passed in pledgets of borated cotton saturated with carbolized water, each having a string attached, until the cavity was well filled. There was but little hemorrhage. The woman complained very little of pain, although, at her own request, no anæsthetic was given. The pledgets of cotton were changed every day or two for a week, when glass dilators were substituted. In about twelve days the patient left the hospital, well satisfied with the result of the operation. She took dilators of two sizes with her, promising to report if everything did not do well. She has not since made her appearance.

THE ELECTION OF OFFICERS

for the ensuing year resulted as follows:

President.—Dr. George Baird, of Wheeling.

Vice-Presidents.—Drs. T. A. Harris, of Parkersburg; R. R. Frey, of Terra Alta; and S. H. Austin, of Lewisburg.

Treasurer.—Dr. John A. Campbell, of Wheeling.

Secretary.—Dr. S. L. Jepson. of Wheeling.

Board of Censors.—Drs. J. H. Manown, L. C. Hunt, J. H. Brownfield, J. O. Wall, J. M. Bowcock, W. J. Bland, and B. W. Allen.

Weston was selected as the *place of meeting* for next year's session.

After the usual resolutions of thanks, the Society adjourned.

NEWS ITEMS.

LONDON.

(*From our Special Correspondent.*)

THE LONDON MEDICAL SOCIETIES.—The activities of the sessions of the medical societies are on the wane. The *Medical Society*—the last to begin, and the first to end, though during its session the most occupied—closed its meetings on May 5 last, when a *conversazione*, preceded by the annual oration, delivered by Dr. Theodore Williams, was held. No less than four of the principal societies met last week. The proceedings of the *Pathological Society* were not of the liveliest, and most of the members voted the evening flat. There was a large exhibition of card specimens, and this was certainly the most entertaining portion of the work.

At the *Ophthalmological Society* several good drawings were shown. Dr. Stephen Mackenzie read a paper

on extreme tortuosity of the retinal vessels. Mr. Morton communicated a paper on hemorrhage about the yellow spot which, as Mr. Jonathan Hutchinson observed, seemed to be related in some way to the gouty diathesis. A drawing was exhibited by Mr. Nettleship illustrative of peculiar changes in the choroid after papillitis taken from a man with symptoms of cerebral tumor. Straight parallel pigmented lines were to be seen, which, it appeared, might be produced by puckerings of the choroid, or might have been the consequence of a previous œdema. A remarkable case of "Tay's" choroiditis, or central guttate choroiditis, with perfect preservation of sight, was spoken of, and a colored drawing shown. This patient had also entire paralysis of accommodation, although she was not of that age at which presbyopia is mostly found. Dr. Adam Frost exhibited a specimen of ossification of the choroid giving rise to repeated attacks of sympathetic irritation. The bony stuff was the result of an injury sustained three years previously. Other examples of detachment of the retina—one from injury and another from blood-clot—were shown. The question of monocular diplopia came under consideration from a paper read by Dr. James Anderson and Mr. Gunn. Many members discussed this paper, and there seemed to be a concurrence of opinion on one point, viz., that when this peculiar form of diplopia was present, there generally also existed some weakness of the external rectus of the same eye. A case of nævus of the choroid also attracted some attention. It was associated with a port-wine mark on the face of the same side. Dr. Stephen Mackenzie referred to Dr. Allen Sturge's case of epileptiform seizures on the opposite side of the body to the nævoid condition of the face and choroid. The suggestion was made by Dr. Sturge that the epileptiform attacks might have been due to a similar condition of some of the cerebral vessels. Dr. Brailey was interested in the apparent determination of coarse tissue-changes by the vascular disease of the choroid. There was a layer of fibrous appearance, and in this was a small plaque, bony, or something like bone. In nævoid skin, no such alterations could be detected. Mr. Nettleship also referred to Dr. Sturge's case in this respect for myopia, and a darker tint existed in the choroid which possessed the tortuous vessels.

At the *Clinical Society*, the chief interest of the last weeks was surgical, though widely different regions were dealt with. Mr. Clutton read a paper on a case of intestinal obstruction, due to a Meckel's diverticulum, in a boy aged ten years. This case was treated by abdominal section, with recovery. The operation was performed on the third day of the disease. Mr. Treves spoke on the paper, and remarked that out of thirty cases of operations for intestinal obstruction, collected by Peyrot, only eight recovered; out of this number, four cases were due to strangulation by a diverticulum, and of these there was but one recovery. Mr. Treves had brought together twice Peyrot's number of cases, without arriving at a different result; but it must be remembered that there was a great tendency for operators to record successful, and not to publish unsuccessful cases. Dr. Coupland congratulated Mr. Clutton on his success, which he thought was due to prompt interference. Many interesting details were mentioned, amongst them one in which a depression at the umbilicus was found to be due to traction from a persistent vitelline duct, distended with intestinal material, and adherent at the navel. Dr. Mahomed did not agree with the statement made by Mr. Treves, that complete obstruction is always associated with continuous, and not a paroxysmal pain. Mr. Lymonds thought that a median incision was to be preferred in all cases. Mr. Henry Morris mentioned a case of reduction of left inguinal hernia *en masse*, in which, by a median abdominal section, he had relieved the constricted gut. Dr. Christopher Heath followed with a short paper on the treatment of recent fractures of the patella. He advocated the aspiration of the joint, so as to relieve the fluid distention; but showed cases which he regarded as so good that Lister's plan of wiring the fragments together was considered an unnecessarily severe procedure. The discussion on this occasion was not warm. It could not compare with the heat of the debate on the same subject at the Medical Society in the early part of the session. We could not say, "even our ashes glow with their wonted fire!" Dr. Whipham read notes of a case of hydrocephalus, followed by insanity and death.

QUARANTINE CONFERENCE.—A conference of State Board of Health Officers of the Gulf States is to be held at New Orleans on the 2d prox., for the purpose of considering the best means of protecting those States from yellow fever. A somewhat similar conference is to be held by some of the Northern State health officers at Brooklyn, New York, next month, who meet to devise some plan for a general quarantine for the United States.

QUARANTINE PRECAUTIONS IN TEXAS.—The State of Texas has virtually declared non-intercourse with all ports and places south of 25° north latitude, and Matamoras quarantines all travel by land from points south.

CHOLERA.—Weekly consular reports from Calcutta show an increasing mortality from cholera, as follows: For the week ending March 29th, 157 deaths; week ending April 5th, 177 deaths; week ending April 12th, 253 deaths. The consul further states that "the death rate is very high and the cholera is very severe in the northern town."

YELLOW FEVER.—Consular reports from Rio de Janeiro show 59 deaths from yellow fever at that place for the two weeks ending April 19th.

CENTRAL NEW YORK MEDICAL ASSOCIATION.—At the annual meeting of this Association, which is composed of delegates from eight central counties of the State of New York, held May 20th, Dr. Ely Van de Warker, of Syracuse, was elected president, receiving twenty-two votes against seven cast for the "New Code" candidate.

THE GERMAN CHOLERA COMMISSION, DRS. KOCH, GAFFKY, and FISCHER, returned to Berlin from Calcutta on May 3d. DR. EWALD, in an editorial announcement of their arrival, in the *Berliner klinische Wochenschrift* of May 12th, says: "It is seldom that a scientific expedition is conducted with so great moderation in every respect, and for every interest, as this,

upon which the eyes of the nation, from the Emperor down to the most obscure man, have been directed with active interest."

The Commission has been received with great honors, but the honors of the Government have not been empty. In the Reichstag, Herr von Bötticher brought forward a Bill to place the sum of 135,000 marks (over $30,000) at the disposal of the Emperor, in order to reward the members of the German Cholera Commission for their brilliant and important discoveries in Egypt and India. Herr von Bötticher, in proposing the bestowal of the honorarium, spoke in very graceful terms of the services of this Commission: "It was entirely owing to Dr. Koch's readiness to place himself at their disposal that the Government was able to send out the Commission so quickly." The Bill was passed, on May 13th, by acclamation, when Professor Virchow welcomed this, the first occasion, as he said, on which he had ever been able to give his full support to the Government, and paid a high compliment to the energy, the diligence, the intelligence, and the disregard of danger, which had won for German science such a splendid victory. But, though Dr. Koch had discovered the bacillus or germ of cholera, medical men should not be too sanguine about the future prevention and cure of the disease.

Of the sum, 100,000 marks will be assigned to Dr. Koch, the chief of the Commission, and the rest divided among his colleagues. A less substantial, though equally honorable, reward has been conferred on Dr. Koch, in the shape of a high decoration—the Crown Order of the second class, with the star; and Fischer and Gaffky with the Order of the Red Eagle. Lastly, at a sitting the other day of the Imperial Board of Health, the great nosological explorer, in addition to being officially eulogized for his successful researches, was presented with a life-size bust of the Emperor, by a distinguished German sculptor.

THE PRESENTATION OF PROF. STILLÉ'S PORTRAIT TO THE UNIVERSITY OF PENNSYLVANIA.—The fact that the late Commencement of the University of Pennsylvania was the last one at which Prof. Alfred Stillé would appear as an active teacher, made the occasion one of unusual interest. The President of the Graduating Class, Dr. Batchelor, presented to the Trustees, for the class, a full-length portrait of Prof. Stillé, and made a neat and appropriate address.

DR. WEIR MITCHELL, as Chairman of the Committee on the Department of Medicine, received the picture for the Trustees in the following speech:

Our present commencement exercises will be memorable for most of us, because with them we lose the services of Alfred Stillé, now for twenty years Professor of the Theory and Practice of Medicine in the University of Pennsylvania. In accordance with an ancient usage, the medical class which has the honor to be the last which shall hear him lecture presents to-day his portrait to the University. In the name of the Trustees, and as Chairman of their Committee on the Department of Medicine, it is my very pleasant duty to accept the gift and to thank those who give it. It has been the habit on these occasions to add little to the remarks made by the orator who speaks for the class, but as this is the last time when Professor Stillé is associated with us officially in public, I should misrepresent my colleagues of the Trustees if I did not frankly use the opportunity to say how pleasant have been our mutual relations, and how honest is our regret that he can aid us no longer. There are many good men who do their duty well in life, and who, stepping aside, fail to leave with those for whom they labored and who may have loved them, any strong or vivid remembrance. There are others who are so distinct as individuals, so impressive as human beings, that over and above the intellectual work they perform, they insist, as it were, by the value of many social qualifications, in being remembered and readily brought back to mind. Of this latter class is the man we part with to-day—a man not lightly to be let go and not easy to forget.

Henceforward, we can claim from him only encouragement and moral support. He has said for us and to you his last words of wisdom and instructive counsel, and for him the hour must have a solemnity of parting akin to that graver cessation of duties which soon or late will come to one and all of us. He has lived with us long enough to see that which he has through his life written for and spoken for—the lifting of medical education to a place which makes your diplomas the best, because the hardest to get, in this country. He may feel sure, also, that we mean every year to make them harder to win, until we place the medical education of this University on a level which would satisfy even the affectionate ambition for his *Alma Mater* of the Professor we part with to-day. Let us congratulate him on having lived to see his ideas victorious, and thank him, in the name of all physicians, for his share of the work.

Here, to-day, I can hardly say of him what as colleagues, friends, or Trustees we feel, as the natural expression of long years of pleasant association without a sensation that he may shrink from what he would call flattery. But for the classes before me, for you at least I may speak in anticipation of the just verdict of your future years. In days to come, when you are middle-aged or gray, and rich like him in the good opinions of your fellows, many of you, returning to our halls, will stray through the great Museum, in which shall hang this portrait of your master and friend. I can imagine you then passing in review the thought-filled face of Rush, the gently humorous look of Chapman, the gravity and pleasantness of Wood, the countenance earnest almost to anxiety of the elder Pepper, and pausing, full of memories, before this picture of a man well liked, to recall the share he had in modelling your lives in those plastic hours when the soft clays of youth were hardening into the characterizing lines of manhood.

If, in those years of fulfilment, you have risen by honorable means to places of trust, you will feel that you owe something to him who but of late taught you with the impressiveness of one speaking for the last time to you, that "only two things are essential, to live uprightly and to be industrious." I thought, as I read his words, that they made up a pleasant little bit of autobiography. If, in days of personal sorrows, and of the calamities that await us all in life; or if, weary with the sad company of pain, or depressed by defeat in some vain struggle against death—if then you turn to books for an hour of forgetfulness, you will recall with gratitude that it was this scholarly lover of books, whose portrait reminds you of the time when he taught you

this solace, and helped by word and example to give you a constant and reverent love for the great dead—dead but yet alive, as souls live. I can imagine you thus, reflecting how strangely some men get their characters into their faces, as you have brought back to you by the strong and refined lineaments of his picture that expression of courteous gravity in the teacher who taught you by the subtle education of each day's contact in the lecture-room, how attractive is the charm of manners which are the outcome of thoughtfulness of others, and belong to the very poetry of social conduct.

You who have lived by his lessons will owe him in truth a just debt, if being a scholar he taught you to love books, if being a writer he showed you an example of accuracy, constructive skill, and high critical acumen unstained by personalities, if being a physician he taught you to hold fast to honorable and reasonable traditions.

Prof. Stillé has told you in the grave and high-minded address with which he closed his career as a teacher, that no true man lives up to his ideals, because the great world of self-demands grows, widening before us with increase of knowledge, like the horizon of the growing morning with increase of light. But no matter what may be his own severity of self-judgment to-day, we, at least, who have known him well in certain relations as you have in others, must feel that we cannot let him go hence without assuring him how well his life-work with us has illustrated the best standards of the teacher, the physician, and the gentleman.

Let me hope for you to whom we are indebted for this portrait of Alfred Stillé that when each of you, too, comes to lay down your burdens it may be with a soul as justly tranquil as his must be in the reassuring consciousness of duties amply done, and amidst regrets which will then be deepest among those who know you best.

And now, finally, in the name of the Trustees of the University of Pennsylvania, I thank Professor Stillé for the noble work of his twenty years of teaching, and beg him to feel sure that in placing his portrait in the goodly fellowship of his predecessors we recognize what his life, his lectures, and his writings have done to add to our strength and to embellish our most cherished traditions. Personally, and for the great profession to which we both belong, I thank him for the fair example of a true and wholesome and dutiful life, and wish him in his retirement many years of health and strength, and, as Bacon said, goodly and bountiful company of friendly books.

A NEW THERMOSTAT.—DR. REICHERT, of the University of Pennsylvania, has made an important advancement in the construction of thermostats. He has invented an instrument which is graduated and can be set before using for any temperature between 20° C. and 100° C., or over, and which works with considerable accuracy. The construction is simple, and the principle of its action essentially the same as in other thermostats, being dependent upon the expansion of air which forces a column of mercury in a tube in contact with a cut-off for the supply of gas, so that when a proper temperature is reached the supply of gas is automatically cut off, or if the temperature becomes diminished is allowed to flow. The range of temperature is obtained by the use of a graduated plunger of peculiar construction which forces the column of mercury towards or from the cut-off, thus necessitating the presence of a less or greater amount of heat to maintain the column of mercury at this point.

THE AMERICAN CLIMATOLOGICAL ASSOCIATION.—The first annual meeting of the American Climatological Association was held in Washington, D. C., May 3d and 5th. In the absence of Prof. Loomis, the President, Dr. F. I. Knight, of Boston, the first Vice-President, occupied the Chair.

The first day was occupied in adopting a suitable constitution and by-laws. The second day was devoted to the reading of papers as follows: Address by the Presiding Officer, Dr. Knight. "The Etiology of Pulmonary Phthisis," by Dr. B. F. Westbrook, of Brooklyn; "The Effects of Sea Air upon Diseases of the Respiratory Organs," by Dr. Boardman Reed, of Atlantic City; "The Relation of Laryngeal Disease to Pulmonary Diseases," by Dr. F. H. Bosworth, of New York; by Dr. Charles Dennison, of Denver, Col., on "Dryness," in which he dwelt on the following points: "Variability *versus* Equability. A rule for classifying climates as to desirability, based upon low, absolute and relative humidities, and preponderance of sunshine. The influence of elevation, sunshine, cold, etc., in producing desirable dryness. The physical effect of dryness on man;" "City Life and City Air Injurious to Consumptives," by Dr. Donaldson, of Baltimore; "The Use of Compressed and Rarefied Air as a Substitute for a Change of Climate in the Treatment of Pulmonary Diseases," By Dr. J. Solis Cohen, of Philadelphia.

The following officers were elected for the ensuing year:

President.—Prof. A. L. Loomis, of New York.

Vice-Presidents.—Drs. F. I. Knight, of Boston, and W. H. Geddings, of Aikens, South Carolina.

Secretary and Treasurer.—Dr. J. B. Walker, of Philadelphia.

Council.—Drs. J. H. Tyndale, of New York; E. T. Bruen, of Philadelphia; E. D. Hudson, of New York; Frank Donaldson, of Baltimore; Beverly Robinson, of New York.

STATE MEDICAL SOCIETY MEETINGS.—The Kentucky State Medical Society will meet at Bowling Green, on Tuesday, June 3d, and the Wisconsin State Medical Society will meet at Milwaukee on the same day.

ONTARIO MEDICAL ASSOCIATION.—The fourth annual meeting of the Ontario Medical Association will be held at Hamilton, on Wednesday and Thursday, June 4 and 5 next.

THE MEDICAL COLLEGE OF VIRGINIA.—The Board of Visitors of the Medical College of Virginia met a few days ago for the purpose of electing professors to the following chairs: To the Chair of Obstetrics, made vacant by the death of Prof. Coleman; to the Chair of Practice of Medicine, made vacant by the resignation of Prof. McCaw; to the Chair of Anatomy, made vacant by the resignation of Prof. Tompkins; to the Chair of Materia Medica and Therapeutics, made vacant by the resignation of Prof. James.

R. T. Hubard, John F. Lewis, George Harrison, and R. B. Berkeley, who were appointed by Gov. Cameron to fill vacancies on the Board, appeared and presented their commissions. The Board decided to postpone the election of professors until the 6th of June, to accommodate the new members.

LONG ISLAND COLLEGE HOSPITAL.—The twenty-first annual commencement of this institution was held on May 21st, in the Brooklyn Academy of Music. The degree of M.D. was conferred upon forty-four graduates.

OBITUARY RECORD.—CHARLES ADOLPHE WURTZ, the distinguished chemist, a member of the Institute and of the Academy of Medicine, died in Paris on Monday, May 12th, in the sixty-seventh year of his age. He was born in Strassburg in 1817. He studied in the School of Medicine in Strassburg, and from 1839 to 1844 was Instructor in Chemistry. In 1845 he went to Paris, to take charge of the department of Organic Chemistry in the Medical Faculty of the University. He was made a member of the Academy of Medicine in 1856. In 1875 he was made Professor of Organic Chemistry in the Scientific Faculty. He was the recipient, in 1865, of the Biennial Prize of the Academy of Sciences, and 20,000 francs, established by the Emperor, and in 1878 of the Faraday Medal of the English Royal Society. In 1867 he was elected to the Academy of Sciences as the successor of M. Pelouze. He made many important discoveries in chemistry, which were made the subject of elaborate memoirs, and contributed to the *Annales de Chimie et Physique* and to the *Répertoire de Chimie Pure*. He had been the editor of the latter since 1858. He published many separate treatises on chemical subjects.

NOTES AND QUERIES.

DR. SUTTON'S STATISTICS OF ABDOMINAL SURGERY.

To the Editor of THE MEDICAL NEWS.

SIR: In the issue of your valuable Journal for this date, in the report of the meeting at Washington, the following occurs: "Dr. Sutton, in conclusion, said that the statement of the low foreign mortality and its causes had not been refuted; his own first seven cases were fatal. After having observed the practice abroad for eighteen months, and having again had four failures in succession, he perceived his error and opened a private hospital. His seven ovariotomies therein performed have all been successful, and his highest temperature rise has been 101.5 F."

This statement, so far as it relates to my statistics, is incorrect. I have opened the abdomen nineteen times. Of these patients, eleven have recovered and eight have died—*a mighty bad record in view of foreign statistics*. But, out of my first seven cases, three recovered. These were done before I went abroad. After my return I lost four out of my first five cases. My last seven, done in my private hospital, have all recovered. These nineteen abdominal sections were made for a variety of abdominal diseases.

Of the eleven patients who are living, one was subjected to ovariotomy plus enterotomy; four inches of the small intestine were removed. Two had supravaginal amputation of the uterus and both ovaries; one had double ovariotomy for large cystic ovaries and supravaginal amputation of the uterus at the same time. In two the tumors were multilocular, thirty-eight and forty-six pounds respectively, with extensive adhesions to the liver and intestines. In another a cyst was ruptured, and there was slight peritonitis at the time of operation. Nearly all the ovarian tumor cases had been tapped, several of them frequently, and only three of the eleven laparotomies were simple cases. Of the eight which were lost, there was not one simple case. So the record stands, 19 laparotomies, with 11 recoveries and 8 deaths.

Among the eleven cases of recovery, six children have been born to two mothers; one operated on in 1875 and one in 1876. If we add these six lives to the eleven cases of recovery, it gives us seventeen lives directly the result of my nineteen laparotomies. Therefore, if the books are kept right on the "other side," I am nearly square. Very truly yours,

R. STANSBURY SUTTON, M.D.

PITTSBURG, May 10, 1884.

SKIN AFFECTIONS FOLLOWING THE ADMINISTRATION OF BORAX.

To the Editor of THE MEDICAL NEWS.

SIR: Will you kindly grant me the use of your correspondence columns to request from any physician, who may have observed squamous or other pathological conditions of the skin following the internal administration of borax (whether for epilepsy or not), very brief notes of the cases for publication?

Treatises upon diseases of the skin do not appear to recognize such conditions; yet they have been observed in England by Gowers, and other writers upon mental and nervous diseases, as also in Boston, in this country.

Very respectfully,

EDWARD WIGGLESWORTH, M.D.

79 BOYLSTON STREET, BOSTON, MASS.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MAY 13 TO MAY 26, 1884.

WATERS, WILLIAM E., *Major and Surgeon.*—Ordered to report for temporary duty to the Commanding Officer at Plattsburg Barracks, N. Y.—*Par. 4, S. O. 90, Headquarters Department of the East*, May 10, 1884.

HUBBARD, VAN BUREN, *Major and Surgeon.*—Relieved from further duty at Fort Stanton, N. M., and ordered to Fort Bayard, N. M., for duty.—*Par. 3, S. O. 96, Headquarters Department of Missouri*, May 12, 1884.

MOSELEY, E. B., *Captain and Assistant Surgeon.*—Assigned to temporary duty at Vancouver Barracks, Wash. Terr.—*Par. 6, S. O. 59, Headquarters Department of Columbia*, May 8, 1884.

WILCOX, TIMOTHY E., *Captain and Assistant Surgeon.*—Assigned to duty at Washington Barracks, D. C.—*Par. 2, S. O. 90, Headquarters Department of the East*, May 10, 1884.

WALES, P. G., *First Lieutenant and Assistant Surgeon.*—Assigned to duty at Old Fort Colville, Wash. Terr., until further orders.—*Par. 3, S. O. 58, Headquarters Department of Columbia*, May 7, 1884.

STERNBERG, GEORGE M., *Major and Surgeon.*—Relieved from duty in the Department of the East, and ordered to report to the Surgeon-General of the Army for temporary duty.—*Par. 2, S. O. 115, A. G. O.*, May 17, 1884.

MAGRUDER, DAVID L., *Lieutenant-Colonel and Surgeon.*—Ordered to be relieved from duty as Medical Director, Department of the Missouri, and to proceed to Philadelphia, Penna., and assume duties of Attending Surgeon and Examiner of Recruits in that city.

FRYER, BLENCOWE E., *Major and Surgeon.*—From Department of Missouri to Department of Dakota.

EWEN, CLARENCE, *Captain and Assistant Surgeon.*—From Department of Missouri to Department of the Platte.

STRONG, NORTON, *First Lieutenant and Assistant Surgeon.*—From Department of the Platte to Department of Missouri.—*Par. 7, S. O. 113, A. G. O.*, May 17, 1884.

HALL, WM. R., *Captain and Assistant Surgeon.*—Assigned to duty at Fort Stockton, Texas.—*Par. 1, S. O. 63, Headquarters Department of Texas*, May 19, 1884.

WILSON, GEORGE F., *First Lieutenant and Assistant Surgeon.*—Ordered to proceed to Fort Canby, Wash. Terr., for temporary duty at that post, relieving Assistant Surgeon W. O. Owen, Jr., U. S. A., who will report in person at these Headquarters for further orders.—*Par. 5, S. O. 62, Headquarters Department of Columbia*, May 12, 1884.

THE MEDICAL NEWS *will be pleased to receive early intelligence of local events of general medical interest, or of matters which it is desirable to bring to the notice of the profession.*

Local papers containing reports or news items should be marked.

Letters, whether written for publication or private information, must be authenticated by the names and addresses of their writers—of course not necessarily for publication.

All communications relating to the editorial department of the NEWS *should be addressed to No. 1004 Walnut Street, Philadelphia.*